



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received

Repository

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Reference No.
10061542

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: GLADE HILL State: VA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address:
Evening Telephone Number:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 3/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B4HS28N4YF253174
Make: DODGE Model: DURANGO Model Year: 2000
Date Purchased: 5-27-02 Dealer's Name and Telephone Number: [Redacted]
Engine: No. Cylinders: 6 Fuel Type: gas
Original Owner: Dealer's City: State: Zip Code:
Transmission Type: Auto Antilock Brakes: Cruise Control:
Powertrain: Vehicle Component Code: D21520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-NOV-2003 Failure Mileage: 40000 Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Tire Model (Name or Number): Tire Size (Example P215/65R15)
DOT No. (Example: DOTM15ABC036) Original Equipment: Prior Repair: Failure Location:
Tire Component Code: Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: Date Manufactured: Model No./Name:
Seat Type: Installation System:
Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

WHILE DRIVING AT ANY SPEED AND WHEN MAKING TURNS CONSUMER HEARD RAPID CLANKING SOUNDS COMING FROM THE FRONT WHEELS. VEHICLE WAS TAKEN TO DEALER, AND EXAMINED BY A CERTIFIED MECHANIC, WHO DETERMINED THAT UPPER BALL JOINTS WERE WORN OUT, AND NEEDED REPLACEMENT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.