



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 231

Date Received

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Repository

Reference No.
10062941

OWNER INFORMATION (Type or Print)

Name

Address

City FOREST LAKE

State MN

Zip Code

Daytime Telephone Number

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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 4/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of dashboard on driver's side

1B7GL22X1X

Make

DODGE

Model

DAKOTA

Model Year

1999

Date Purchased

6/1/99

Dealer's Name and Telephone Number

651-482-6100

Engine:

No: Cylinders

6

Fuel Type:

UNLEADED

Original Owner

Dealer's City

WHITE BEAR

State

MN

Zip Code

55110

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

021540 SUSPENSION:FRONT CONTROL ARM LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

2/15/04

Failure Mileage

93,000

Failure Speed

All

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: DOTM18ABC036)

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 TRAVELING CONSUMER HEARD A NOISE COMING FROM THE FRONT END. A TECHNICIAN SERVICED VEHICLE AND DETERMINED LOWER BALL JOINTS NEEDED REPLACEMENT. *AK

Include, if available: Police/Fire Department's Report, Photos, and Repair Invoices.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.