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 1367

Date Received	Repository
12-MAR-2004	☐
Reference No. 10063113	

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	
Address [redacted]	Evening Telephone Number	
City WINSTON-SALEM / State NC / Zip Code [redacted]		

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 [redacted] Date 3/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7GL23X9V[redacted]	DODGE	DAKOTA	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
20-MAY-97	LAKE NORMAN DODGE 7048963800			6	GAS
Original Owner ☒	Dealer's City CORNELIUS	State NC	Zip Code 28031		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control		021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
04-MAR-2004	68000		

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

CONSUMER TOOK VEHICLE TO A DEALERSHIP TO HAVE THE BRAKES CHECKED AND THE FRONT END ALIGNED. DEALERSHIP UPON PERFORMING THE FRONT END ALIGNMENT DETERMINED THAT THE UPPER BALL JOINTS WERE BAD AND NEEDED TO BE REPLACED. *AK

THE ABOVE STATEMENT IS TRUE BUT WAS NOT TAKEN TO A DEALERSHIP. IT WAS REPAIRED AT AN INDEPENDENT SHOP — ARDMORE BRAKE SERVICE. I HAVE ALSO BEEN ADVISED THAT THE LOWER BALL JOINTS WILL NEED REPLACEMENT WITHIN A YEAR PROBABLY.

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

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).