



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 100145

Date Received

Repository

APR 20 AM 9:17  
18-MAR-2004

Reference No.  
10083530

OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City SPENCERPORT State NY 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 4/4/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
184H528Y3W \_\_\_\_\_  
Make DODGE Model DURANGO Model Year 1998  
Date Purchased 1-16-1998 Dealer's Name and Telephone Number Timothy Dodge 585-671-3360  
Engine: No: Cylinders 88 Fuel Type: GAS  
Original Owner  Dealer's City Rochester State NY Zip Code 14680  
Transmission Type Auto  Antilock Brakes  Cruise Control Powertrain \_\_\_\_\_  
Vehicle Component Code 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-APR-2003 Failure Mileage 80000 Failure Speed \_\_\_\_\_

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make \_\_\_\_\_ Tire Model (Name or Number) \_\_\_\_\_ Tire Size (Example P215/68R15)  
DOT No. (Example: DOT3MALBABC038)  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, crash, and injury(es).)

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(es).  
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 VEHICLE BEING INSPECTED UPPER BALL JOINTS FELL OFF. NO INJURIES REPORTED. \*AK  
The Mechanic we are now using, as of 3-2004, suggests highly recommended that our Ball joints, upper and lower be replaced. We now have approx 85,000 miles on vehicle.

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

The Privacy Act of 1974-Public Law 93-578 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.

**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).**