



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 1387

Date Received

2004 JAN 23 - 23-MAR-2004

Repository

Reference No.  
10064886

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City MYERSTOWN State PA Zip Code [REDACTED]

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 a signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 5/14/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1B4HS25Z7W [REDACTED]  
Make DODGE Model DURANGO Model Year 1998  
Date Purchased JAN '99 Dealer's Name and Telephone Number C.J. WAGNER, INC. 717-866-2114  
Original Owner  Dealer's City MYERSTOWN State PA Zip Code 17067  
Engine: 360 No. Cylinders 8 Fuel Type: GAS 87 OCTANE  
Transmission Type AUTO.  Antilock Brakes  Cruise Control Powertrain 360CI V-8 4x4  
Vehicle Component Code 021320 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT LOWER BALL JOINT  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 07-JAN-2004  
Failure Mileage 34800  
Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)  
DOT No. (Example: DOTMALSABC036)  Original Equipment  Prior Repair Failure Location:  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

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 [REDACTED] Number of Deaths [REDACTED] 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).

STATE INSPECTOR NOTICED THAT UPPER AND LOWER BALL JOINTS WERE RUPTURED, AND NEEDED TO BE REPLACED. THIS OCCURRED DURING A STATE INSPECTION. \*AX  
Loose.

THEY HAD TOO MUCH PLAY - PA STATE INSP. REQUIRES THAT BALL JOINTS BE CHECKED FOR WEAR +/OR DAMAGE + THESE FOUR BALL JOINTS ALL FAILED THE PA STATE INSP. ON JAN. 7, 2004.

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).**