



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

2004 MAY 20 2:13 PM '04

FOR AGENCY USE ONLY 100216

Date Received	Repository <input type="checkbox"/>
20 2:13 PM '04	Reference No. 10068611

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	N/A
City GRASS VALLEY State CA Zip Code	Do you authorize NHTSA to provide copies of this report to the manufacturer of your vehicle? In the absence of an _____ name or address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner _____ Date 5/17/04		

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B376L23X9T	Make DODGE	Model DAKOTA	Model Year 1995
Date Purchased 7-31-98	Dealer's Name and Telephone Number LIBERTY DODGE (530) 477-5454	Engine: No. Cylinders 6	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City GRASS VALLEY	State CA	Zip Code 95745
Transmission Type SSR	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain V-6 MAGNUM 2 W/DRIVE	Vehicle Component Code 050000 PARKING BRAKE
Multiple Failures: 2 - MANY -			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	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: DOTM1A9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

ON TWO SEPARATE OCCASIONS PARKING BRAKE DISENGAGED BY ITSELF WHILE VEHICLE WAS PARKED. CONSUMER DROVE VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC WAS NOT ABLE TO DUPLICATE THE PROBLEM. *AK

THE PARKING BRAKE POPS OFF EVERY TIME - SOMETIMES IMMEDIATELY - SOMETIMES 5-10 MINUTES LATER.
MY 1995 DAKOTA WAS TOTALED BECAUSE OF THIS SAME FAILURE. IT ROLLED DOWN MY DRIVEWAY INTO MY BARN.

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

The Privacy Act of 1974-Public Law 93-570 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.