



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: 2004 JUN - 29-7:30-2004  
Repository:   
Reference No.: 10071774

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: WETHERSFIELD State: CT Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted] E-mail Address:  
Evening Telephone Number:

Do you authorize NHTSA to contact you or your vehicle?  YES  NO  
In the absence of an authorized address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 5/15/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B4HS28Y9W [Redacted]  
Make: DODGE Model: DURANGO Model Year: 1998  
Date Purchased: July 2, 1998 Dealer's Name and Telephone Number: Mitchell Dodge  
Original Owner: [Redacted] Dealer's City: Simsbury State: CT Zip Code: 06109 Engine: 8 No. Cylinders: 8 Fuel Type: Gas  
Transmission Type: [Redacted] Antilock Brakes:  Powertrain: 4WD Vehicle Component Code: 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT  
Crabs Control:  Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 10-MAR-2004 Failure Mileage: 108000 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: DOT MALSABC036)  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).

UPPER BALL JOINTS WORE OUT PREMATURELY. \*AK  
Are now worn for second time... have not failed yet.

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

The Privacy Act of 1974-Public Law 93-579 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.