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 100218

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## OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: EAST PEORIA | State: IL | Zip Code: 61611
Daytime Telephone Number: [redacted]
Evening Telephone Number: [redacted]
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an au[redacted]provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/4/04

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1B7GG22N01[redacted] | DODGE | DAKOTA | 2001 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: 5.9 LITER | Fuel Type: |
|---|---|---|---|
| 11-25-00 | SAM LEMAN DODGE CITY 309-692-1801 | No. Cylinders 8 | UNLEADED |

| Original Owner | Dealer's City | State | Zip Code |
|---|---|---|---|
| ☒ | PEORIA | IL | 61611 |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTO | ☒ Antilock Brakes ☒ Cruise Control | | 034530 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS |
| | | | Multiple Failure: 1 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 5-11-04 | 20918 | | ROTORS |

## 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: DOTMAL9ABC096) | ☐ 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 | 0 | 0 | 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).

WHILE APPLYING THE BRAKES VEHICLE JERKS UNCONTROLLABLY. CONSUMER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE, AND TOOK IT TO THE DEALER FOR INSPECTION. MECHANIC DETERMINED THAT THE ROTORS NEEDED TO BE REPLACED DUE TO CORROSION. *AK

THE TRUCK HAD UNDER 21,000 MILES, BEGAN JERKING WHEN APPLYING BRAKES. THIS WENT ON APROX 2 WEEKS BEFORE TAKING IT TO DEALER. WAS INFORMED THAT FRONT ROTORS WAS COMING APART, COULD NOT BE TURNED, I LOOKED AT THE ROTORS AND I DO HAVE THEM AT HOME. DEFECTIVE STEEL, BIG CHUNKS OF METAL MISSING, LAMINATED STEEL.

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).