



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 100184

Date Received

2004 AUG 20
15-JUL-2004

Repository

811 4-04
Reference No.
10062102

OWNER INFORMATION (Type or Print)

Name

Address

City DULUTH

State MN

Zip Code

Home Telephone Number

E-mail Address

Work 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 authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/26/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE PROVIDE 1D7G622N4YS

Make

DODGE

Model

DAKOTA

Model Year

2000

Date Purchased

1-19-04

Dealer's Name and Telephone Number

Luther Edge Debrahn Chevrolet

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

Duluth

State

MN

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT and lower

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
07-JUL-2004

Failure Mileage
50002

Failure Speed
45

upper left & lower left Ball Joints

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P225/65R15)

DOT No. (Example: D0TMA1SABC036)

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).

WHILE DRIVING AT 45 MPH THE CONSUMER HEARD A LOUD BANG COME FROM UNDER THE VEHICLE. THE CONSUMER SAW THE WHEEL FROM THE VEHICLE ROLL ACROSS THE ROAD. THE VEHICLE SKIDDED ACROSS THE ROAD AND ENDED UP IN A DITCH. THE CONSUMER NOR THE PASSENGER WAS INJURED IN THE ACCIDENT. A TOW TRUCK MECHANIC INFORMED THE CONSUMER THAT THE BALL JOINTS COLLAPSE ON THE VEHICLE. *NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.