



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 21-JUL-2004 2004 AUG 30 10 5: 58	Repository <input type="checkbox"/>
Reference No. 1908344	
Daytime Telephone Number	E-mail Address
Evening Telephone Number	

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City TAMARAC State FL Zip Code _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 7/21/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side) 1B4HR2BZ1YF	Make DODGE	Model DURANGO	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number MAROONE Chrysler	Engines No: Cylinders 8	Fuel Type: Gas Premium
Original Owner <input checked="" type="checkbox"/>	Dealer's City Coconut Creek	State FL Zip Code _____	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-JUL-2001	Failure Mileage 15000	Failure Speed
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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: DOTM18ABC036)	<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).

WHILE DRIVING AT ANY SPEED, CONSUMER CAN HEAR A CLICKING SOUND COMING FROM THE FRONT WHEELS. A MECHANIC EXAMINED THE VEHICLE AND FOUND THAT THE BALL JOINTS WERE WORN ON BOTH SIDES. THE CONSUMER ALSO FOUND OUT THAT THE CLOCK SPRING IS DEFECTIVE IN THE VEHICLE. *1A

Also here loud noise when making turns, in front of vehicle (clicking noise)

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 responses 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.