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 100182

Date Received: DEC 21 AM 10:26 16-NOV-2004

Repository ☐

Reference No. 10101066

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City ASSONET | State MA | Zip Code [redacted]

Daytime Telephone Number [redacted]

Evening Telephone Number

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 authorization, NHTSA will forward this report as to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/5/04

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B4HS28N5YF[redacted]	DODGE	DURANGO	2000

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
6-15-2000	Central Auto Group				
Original Owner ☒	Dealer's City: Raynham	State: MA	Zip Code: 02767		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	021640 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-NOV-2004	70000		

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: DOTMALSABC036)	☐ 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			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).

CONSUMER REPLACED THE BALL JOINTS IN AUGUST 2003. AS OF TODAY PASSENGER'S SIDE BALL JOINTS NEED TO BE REPLACED. CONSUMER WAS FRUSTRATED. *AK

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