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 100248

Date Received	Repository
15-DEC-2004	Reference No. 10103838

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address			530-637-9708	
City WEIMAR	State CA	Zip Code	Evening 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 authorization, NHTSA will not forward your name or address to the vehicle manufacturer.
Signature of Owner [signature] Date 1/10/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B4HR28N61	DODGE	DURANGO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
7-11-01	Gosher Dodge			No. Cylinders 8	Gas
Original Owner ☒	Dealer's City Sacramento	State CA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-SEP-2004			

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: DOTMAL9ABC036)	☐ 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).

CONSUMER HEARD A CLICKING NOISE AND EXPERIENCED A SHAKING STEERING WHEEL AT LOW SPEEDS AND TURNS, MAKING THE ABILITY TO CONTROL VEHICLE UNEASY. TOOK VEHICLE TO DEALER FOR CHECK UP, AND RESULTS SHOWED THAT THE VEHICLE NEEDED THE UPPER BALL JOINTS REPLACED. *AK

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