



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-52-DOT-5 (1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received

16-DEC-2004

Repository

Reference No.
10103901

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CLARK State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number [REDACTED]

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 print your name and address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12/27/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B7GG22Y4XS [REDACTED]
Make DODGE Model DAKOTA Model Year 1999
Date Purchased: 9-11-98 Dealer's Name and Telephone Number: LINDEN DODGE 908-486-6200 Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner Dealer's City: LINDEN State: N.J. Zip Code: 07036
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 14-DEC-2004 Failure Mileage: 41112 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: [REDACTED] Number of Deaths: [REDACTED] 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).

CONSUMER TOOK VEHICLE TO THE DEALER FOR ANNUAL MAINTENANCE, AND WAS TOLD THAT UPPER BALL JOINTS/IDLE ARM, AND TIE ROD ENDS WERE DEFECTIVE. *AK

AFTER ADDITIONAL INSPECTION BY 2 CERTIFIED MECHANICS FOUND LOWER BALL JOINT 4/SIDE VERY LOOSE VEHICLE ALWAYS SERVICED AT 3,000 MILES OR LESS AND NEVER USED TO TOW, OFF ROAD, HAUL OR RACE. BABIED BY RETIRED DRIVER + THIS IS NOT NORMAL

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

The Privacy Act of 1974-Public Law 93-579 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 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.