



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 180222

Date Received *2005 JAN 19*  
21-DEC-2004

Repository   
Reference No. *10*  
10106132

OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City ELLERSLIE State GA Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
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 provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 01/03/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number, Located at bottom of windshield on driver's side <u>1B7GG22X1XS</u>		Make <u>DODGE</u>	Model <u>DAKOTA</u>	Model Year <u>1999</u>
Date Purchased	Dealer's Name and Telephone Number <u>Wells Fargo Finance</u>		Engine: No. of Cylinders <u>6</u>	Fuel Type: <u>Gas</u>
Original Owner <input type="checkbox"/>	Dealer's City <u>Columbus</u>	State <u>GA</u>	Zip Code <u>31907</u>	
Transmission Type <u>MANUAL</u>	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain <u>4 WHEEL DRIVE</u>	Vehicle Component Code <u>021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT</u>	
Multiple Failure: <u>1</u>				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) <u>20-DEC-2004</u>	Failure Mileage <u>85000</u>	Failure Speed <u>Right front tire, inside tread worn out, because of upper/lower ball joints are worn out.</u>
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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: DOTM19A8C038)	<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	Number of Deaths	Reported to Police <u>N</u>
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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).

RIGHT FRONT TIRE COMPLETELY WORE FROM THE INSIDE. VEHICLE WAS TAKEN TO DEALER FOR A FRONT END ALIGNMENT, AND THE BALL JOINTS WERE FOUND TO BE DEFECTIVE. \*AK

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.