



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 1368

Date Received: 24-JAN-2005
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2005 MAY 26 AM 5:26

Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: _____

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: MIAMI State: FL Zip Code: _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an author address to the vehicle manufacturer. YES NO
Signature of Owner: _____ Date: 5/13/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: _____
Make: DODGE Model: DAKOTA Model Year: 1999

Date Purchased: AUG/2004 Dealer's Name and Telephone Number: ALMA MOTORS
Original Owner: Dealer's City: MIAMI, FLORIDA State: FL Zip Code: 33144
Engine: No: Cylinders: _____ Fuel Type: _____

Transmission Type: _____ Antilock Brakes Powertrain: _____
 Cruise Control Vehicle Component Code: 021600 SUSPENSION:FRONT:WHEEL BEARING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-DEC-2004 Failure Mileage: 86000 Failure Speed: _____

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: DOTM19ABC036): _____ 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: Yes No Fire: Yes No
Number of Persons Injured: _____ Number of Deaths: _____ 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).

AFTER HEARING A HUMMING NOISE COMING FROM THE FRONT END. THE DEALERSHIP INFORMED THE CONSUMER THAT THE FRONT WHEEL BEARING WERE WORN. PLEASE PROVIDE MORE INFORMATION. *18

Include, if available: Police/Fire Department Report, Photos, and Repair Involes. 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 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.