



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 100222

Date Received

Repository ☐

27-JAN-2005

Reference No.
10109019

OWNER INFORMATION (Type or Print)

Name

Address

City RAVENNA

State OH

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Same

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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B3EJ56U21N

Make

DODGE

Model

STRATUS

Model Year

2001

Date Purchased

2-19-2003

Dealer's Name and Telephone Number

KlaBen Dodge

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner

☐

Dealer's City

Kent

State

Oh

Zip Code

44240

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code Rear

021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

16-NOV-2004

Failure Mileage

29500

Failure Speed

25

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).

CONSUMER WAS DRIVING 25 MPH WHEN THE VEHICLE JERKED AS IF IT HAD STRUCK A POT HOLE. CONSUMER GOT OUT TO CHECK THE VEHICLE, AND NOTICED THE REAR PASSENGER TIRE WAS NEARLY OFF. THE BALL JOINTS WERE DEFECTIVE AND NEEDED TO BE REPAIRED. *AK THE MANUFACTURE OFFERS NO ASSISTANCE.

↑ Learning in severely

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 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.

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).