



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 241

Date Received

03-FEB-2005

03-FEB-2005

Repository

Reference No.
10109778

OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City IGO State CA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 authorized signature, please print your name or address to the vehicle manufacturer.
 Signature of Owner [REDACTED] Date 2/25/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B7GG22N6YS [REDACTED]
 Make DODGE Model DAKOTA Model Year 2000
 Date Purchased 12-JAN-05 Dealer's Name and Telephone Number ROYAL CHRYSLER, 607
 Engine: No: Cylinders 8 Fuel Type: Gas
 Original Owner Dealer's City OWEGO State NY Zip Code [REDACTED]
 Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE
 Vehicle Component Code 105500 POWER TRAIN:DRIVELINE:DIFFERENTIAL UNIT
 Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-JAN-2005 Failure Mileage 48666 Failure Speed 30

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) 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 0 Number of Deaths 0 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).

THE VEHICLE WOULD MAKE A WHINING NOISE WHILE DRIVING 30 MPH OR MORE. THE VEHICLE WAS TAKEN TO A REPAIR SHOP. THE MECHANIC INFORMED THE CONSUMER THAT THE DIFFERENTIAL UNIT NEEDED TO BE REPLACED. THE CONSUMER STATED THIS WOULD BE THE FORTH REPLACEMENT WITHIN A YEAR. THE DEALER AND THE MANUFACTURER WERE NOTIFIED. *JB

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.

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).