



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 2005 11 15
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received 15 FEB 2005
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City MIAMI State FL Zip Code 33170
Daytime Telephone Number [Redacted]
Evening Telephone Number same as above
E-mail Address [Redacted]

Do you authorize NHTSA to release information to the manufacturer of your vehicle? YES NO
In the absence of a signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 02/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: 1B7GL22X2S [Redacted]
Make: DODGE Model: DAKOTA Model Year: 1999
Date Purchased: August 1998 Dealer's Name and Telephone Number: Marcone Dodge of Miami (877) 427-3908
Original Owner Dealer's City: Miami State: FL Zip Code: 33169
Engine: No. of Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-DEC-2004 Failure Mileage: 114000 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).

VEHICLE EXPERIENCED PROBLEMS WITH THE UPPER BALL JOINTS. OWNER TOOK THE VEHICLE TO AN INDEPENDENT MECHANIC SHOP TO HAVE THE TIRES REPLACED. IT WAS DISCOVERED THAT THE BALL JOINTS WORE OUT COMPLETELY. WHEN TURNING THE VEHICLE IN EITHER DIRECTION THE WHEELS SQUEAKED AND CLANKED WHEN TURNING. *AK and when going over bumps in the road. It seems that this is a safety-related concern because it has been known that the tires could fall off during operation when there are worn out ball joints.

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).