



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

2005

FOR AGENCY USE ONLY 1368	
Date Received 08-MAR-2008 10	Repository <input type="checkbox"/>
Reference No. 10113887	

OWNER INFORMATION (Type or Print)			
Name	Daytime Telephone Number		E-mail Address
Address	Evening Telephone Number		
City RENTON	State WA	Zip Code	

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 1B7G6722N44	Make DODGE	Model DAKOTA	Model Year 2000
Date Purchased	Dealer's Name and Telephone Number LITHI DODGE 425-255-7220	Engine: No. Cylinders	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State WA	Zip Code
Transmission Type <input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT	
Multiple Failure: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 02-FEB-2005	Failure Mileage	Failure Speed	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/B5R15)	
DOT No. (Example: DOTM1BABC03B)	<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), condition, 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 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).

NO PARTS WERE AVAILABLE FOR RECALL CAMPAIGN D4V596000 CONCERNING BALL JOINTS. LITHI DODGE, 425-255-7220. *AK
We had made an appointment and ordered the parts, on the day of appointment we showed up to find they had no parts. They said they gave them to someone else, that was OK, because they are Lithi. Then we were told they would have no parts for us until June. I contacted another dealer and they had plenty of parts and did the recall repair for us. They also said they would put used parts on our vehicle to get us back on the road.

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.