



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
2005 APR 25 AM 5:01
24-MAR-2005

Repository
Reference No.
10115745

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NORTH SPRINGFIELD State VT Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

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, provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 4/10/05

VEHICLE INFORMATION

VIN 1B7GG22Y4XS [REDACTED] Make DODGE Model DAKOTA Model Year 1997
Date Purchased 9/10/03 Dealer's Name and Telephone Number PRIV 940 5916
Original Owner Dealer's City Springfield State VT Zip Code 05150 Engine No: Cylinders 8 Fuel Type: G95
Transmission Type Automatic Antilock Brakes Cruise Control Powertrain 4XY
Vehicle Component Code 021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 11-JAN-2005 Failure Mileage 99828 Failure Speed upper and lower ball joints

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 [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).

DURING ROUTINE INSPECTION CONSUMER WAS INFORMED OF LOOSE UPPER/LOWER BALL JOINTS. THE PROBLEM WAS NOT RESOLVED. *AK

All 4 ball joints need replacing dealer ext is 516.41
Kelley Dodge Chrysler
Springfield VT 05156

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.