

10129146

Form Approved: O.M.B. No. 2127-0008



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY	
Date Received	Od-or _____
	rt-dt _____
	od-rt _____
	up-ltr _____
Reference No.	
AM 5:18	

OWNER INFORMATION (Type or Print)

NAME: [Redacted]

STREET NO.: Miami 71 APT. NO.: [Redacted]

CITY: Miami STATE: [Redacted]

ENTER ZIP CODE: 33139

ZIP CODE + 4: [Redacted]

AREA CODE: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? Yes No

NOT provide your name and address to the vehicle manufacturer. DATE: 09/07/04

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1B4HR2B26YE	Dodge	Durango	052000	2000
VEHICLE MANUFACTURER				
<input checked="" type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input checked="" type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
10/16/02	University Dodge	Danie 71	Fla	33328
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
B	<input type="radio"/> Turbo <input type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS	RESTRAINT SYSTEM		CRUISE CONTROL	
B	<input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt		<input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE
<input checked="" type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	<input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input checked="" type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input checked="" type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

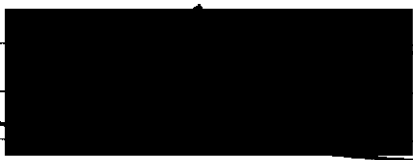
COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input checked="" type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	1	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	11/13/03	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
MILEAGE AT INCIDENT	VEHICLE SPEED AT INCIDENT	NHTSA PREVIOUSLY CONTACTED?	
Suspension 36000	40	<input checked="" type="radio"/> Yes <input type="radio"/> No NOV 24 2003	
FAILED PART(S)	HANDICAPPED ADAPIVE	VEHICLE SPEED AT INCIDENT	
Original <input type="radio"/> Replacement <input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No	40	

APPLICABLE INCIDENT INFORMATION

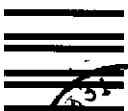
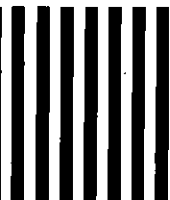
Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input checked="" type="radio"/> Yes <input type="radio"/> No	9		
	FIRE	NUMBER OF FATALITIES	<input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input checked="" type="radio"/> Locks/Sticks/Grabs <input checked="" type="radio"/> Stability/Vibration <input checked="" type="radio"/> Broken	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	0		

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

I had a car
wreck,
please reimburse
me,



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

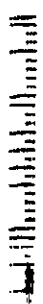
U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



Complete and return or place in your car manual for future use



VEHICLE OWNER QUESTIONNAIRE (VOLUNTARY)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

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