



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 100148

Date Received

28 SEP 29 AM 4:05
12-SEP-2005

Repository

Reference No.
10136194

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City DUBUQUE State IA Zip Code _____

Daytime Telephone Number _____

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1D4HB4 _____
Make DODGE Model DURANGO Model Year 2004
Date Purchased 24-JUL-04 Dealer's Name and Telephone Number WILSON BROTHERS DODGE 563-683-5781 Engine No: Cylinders 8 Fuel Type Gas
Original Owner Dealer's City DUBUQUE State IA Zip Code 52002
Transmission Type Automatic Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION
Multiple Failure: 200

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 28-JUL-2004 Failure Mileage 5 Failure Speed _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM1A8ABC036) Original Equipment 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), crash(es), and injury(ies).)

Crash Yes No Fire Yes 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).

QT: SHORTLY AFTER PURCHASING A NEW VEHICLE AND WHEN DESCENDING DOWNHILL THE AUTOMATIC TRANSMISSION SLIPPED, IT FELT AS IF IT SLIPPED INTO NEUTRAL. THIS OCCURRED WITH OR WITHOUT THE CRUISE CONTROL SWITCH ON. THE CONSUMER TOOK THE VEHICLE TO A DEALER, WHO TEST DROVE THE VEHICLE AND DETERMINED THIS WAS NORMAL. THE CONSUMER FELT THIS WAS A SAFETY ISSUE, AND THE TRANSMISSION DID NOT MAINTAIN A STEADY PACE. NO REPAIRS OR CORRECTIONS HAVE BEEN MADE. THE CONSUMER HAS NOT CONTACTED THE MANUFACTURER. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-519) 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.