



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
2051127 PM 2:45
24-OCT-2005

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CADILLAC State MI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]
Evening Telephone Number
SAME

E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an address to the vehicle manufacturer. YES NO
Signature of Owner [REDACTED] Date 11/24/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B7GC22YXXS [REDACTED] Make DODGE Model DAKOTA Model Year 1999
Date Purchased 01-AUG-99 Dealer's Name and Telephone Number CASE-WATSON 231/882-4417 Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City BENZONIA, MICH State MICH Zip Code 49616
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-DEC-2004 Failure Mileage Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) 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).

DT: THE CONTACT STATED THE UPPER AND LOWER BALL JOINTS ALONG WITH THE TIE ROD ASSEMBLY WORE OUT SO BADLY THAT IT ALMOST CAUSED AN ACCIDENT. THE DEALERSHIP TOLD HIM THAT IT WAS NOT COVERED UNDER THE RECALL FOR THE BALL JOINTS BECAUSE HIS VIN WAS NOT INCLUDED. THE NHTSA ECALL 04V596000 WAS ISSUED HE HAD THE BALL JOINTS REPLACED, AND WAS SEEKING REIMBURSEMENT, BUT BECAUSE OF HIS VIN NOT BEING INCLUDED THEY WOULD NOT REIMBURSE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-579 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.