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	Repository
24-OCT-2006	
	Reference No. 10171732

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City HARKER HEIGHTS	State TX	Zip Cod	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the absence of an a provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 04/30/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B7FL96Y4KS	DODGE	DAKOTA	1989

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Aug 06 94	Cleo Bay 817-287-2210			8	UNLEADED
Original Owner ☐	Dealer's City Killeen	State TX	Zip Code 76541		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	5.2 LHR Engine A-500 TRANSMISSION	103000 POWER TRAIN:AUTOMATIC TRANSMISSION
			Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
17-OCT-2006	144000	0	TRANSMISSION

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 WHILE PLACING THE VEHICLE INTO PARK, THE GEAR SHIFTS INTO REVERSE OR IF PARKED ON AN INCLINE WILL ROLL DOWN A HILL. THE TRANSMISSION WILL NOT PROPERLY LOCK INTO THE PARKING GEAR. NO EXAMINATION OR REPAIRS WERE MADE. THERE WAS A NHTSA RECALL # 00V106000 REGARDING POWERTRAIN: AUTOMATIC TRANSMISSION:GEAR POSITION INDICATION (PRNDL). THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN.

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

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

TRANSMISSION SHIFTER WAS put IN PARK, took FOOT OFF, BRAKE AND VEHICLE WAS IN REVERSE. ALSO WHEN VEHICLE is put in PARK, SOMETIMES VEHICLE will ROLL CONTINUOUSLY AS IF it WERE IN NEUTRAL. THERE IS A RECALL OUT ON OTHER CHRYSLER LIGHT TRUCKS with the A-500 TRANSMISSION FOR the SAME PROBLEM AS MY TRUCK IS HAVING. MY TRUCK DOES HAVE the A-500 TRANSMISSION!

ATTACH ADDITIONAL SHEETS IF NECESSARY

DOT
NATIONAL HIGHWAY
TRAFFIC SAFETY ADM
400 7TH ST SW
WASHINGTON DC 20590

OFFICIAL BUSINESS

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 1888 WASHINGTON DC

POSTAGE WILL BE PAID BY ADDRESSEE

US DEPARTMENT OF TRANSPORTATION
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
OFFICE OF DEFECTS INVESTIGATION, NVS-210
400 7TH ST SW
WASHINGTON DC 20077-8214

Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:
www.safercar.gov

or call:
Vehicle Safety Hotline
888-327-4236

www.nhtsa.gov
NHTSA

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