



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  
107 FEB -6 AM 9:40  
28-DEC-2006

Repository

Reference No.  
10177245

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City RIVERSIDE State NJ Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]

E-mail Address

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1B4HS28Y2WF [REDACTED] Make DODGE Model DURANGO Model Year 1998

Date Purchased 01-DEC-03 Dealer's Name and Telephone Number COTTMAN TRANSMISSION 856-665-3070 Engine: No: Cylinders 8 Fuel Type: Gas

Original Owner  Dealer's City MAPLE SHADE State NJ Zip Code

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain UNKNOWN Vehicle Component Code 103000 POWER TRAIN:AUTOMATIC TRANSMISSION Multiple Failure: 6

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s) 11-DEC-2006 Failure Mileage 99350 Failure Speed 0

**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 0 Number of Deaths 0 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).

TL\* - ON 3/13/06 THE CONTACT TOOK 1998 DODGE DURANGO TO COTTMAN TRANSMISSION BECAUSE THE TRANSMISSION WAS SLIPPING INTO FIRST GEAR. AT THAT TIME, COTTMAN REPLACED THE VALVE BODY. ON 3/31/06 THE CONTACT TOOK IT BACK TO COTTMAN FOR THE SAME REASON, AND COTTMAN STATED THAT THEY WOULD REBUILD THE WHOLE TRANSMISSION. WHEN CONTACT PICKED UP THE VEHICLE IT WAS MAKING A LOUD SQUEAKING NOISE, AND COTTMAN TOLD HIM TO DRIVE IT FOR A FEW DAYS AND THE NOISE WOULD GO AWAY. AFTER DRIVING IT FOR A FEW DAYS CONTACT CONTINUED TO HEAR THE SAME SQUEAKING NOISE, SO COTTMAN REPLACED THE TRANSMISSION. AT WHICH POINT THE CONTACT CONTINUED TO HEAR THE SAME NOISE, HE TOOK VEHICLE TO AT PRO TRANSMISSION AND THEY STATED TO THE CONTACT THAT THE DAMAGE WAS PROBABLY INTERNAL BECAUSE THEY COULDN'T SEE ANYTHING WRONG WITH THE VEHICLE. ON 6/16/06 CONTACT TOOK IT BACK TO COTTMAN, AND COTTMAN STATED THAT THEY REPLACED THE TRANSMISSION; AFTER CONTACT PICKED IT UP HE CONTINUED TO HEAR THE SAME SQUEAKING NOISE, SO CONTACT BROUGHT VEHICLE BACK TO COTTMAN ON 12/11/06. COTTMAN ONCE AGAIN REPLACED THE TRANSMISSION. THE CONTACT STATED THAT THE TRANSMISSION IS POURING FLUID FROM THE PUMP. CONTACT WILL TAKE THE VEHICLE TO COTTMAN. \*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.

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

PLEASE BE ADVISED VEHICLE WAS RETURNED TO COTTMAN NUMEROUS TIMES DUE TO SAME TRANSMISSION PROBLEM IN WHICH RECEIPTS WERE NOT GIVEN

ON 12/11/06 RETURNED VEHICLE TO COTTMAN DIAGNOSIS WAS DIP STICK TUBE SEAL WAS DAMAGED DURING INSTALLATION

1/30/07 VEHICLE RETURNED TO OWNER SEEMS TO BE OPERATING OK

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



Riverside, NJ

NEW JERSEY NJ 080

JAN 2007 PM 1 L



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

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

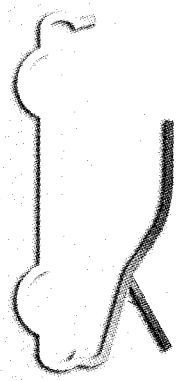
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US DEPARTMENT OF TRANSPORTATION  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION  
OFFICE OF DEFECTS INVESTIGATION, NVS-210  
400 7TH ST SW  
WASHINGTON DC 20077-8214



Think your vehicle  
has a safety defect?



If so:  
Use the enclosed  
form to file a report.

or visit:  
[www.safercar.gov](http://www.safercar.gov)

or call:  
Vehicle Safety Hotline  
888-327-4236



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