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: 27-MAY-2008 JUN 16 PM 1:58 2008
Repository ☐
Reference No.: 10229020

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City: WAIKOLOA | State: HI | 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	Make	Model	Model Year
1D7HW48N85[redacted]	DODGE	DAKOTA	2005

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
01/06	TONKA Trucks			8	Gas
Original Owner ☐	Dealer's City: Kailua-Kona	State: Hi	Zip Code		

Transmission Type			Powertrain	Vehicle Component Code
Auto	☑ Antilock Brakes	☑ Cruise Control	Yes	072000 FUEL SYSTEM, GASOLINE:DELIVERY
				Multiple Failure: Yes

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
25-MAY-2008	69000	55	Gas tank Filter

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	0	0	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*THE CONTACT OWNS A 2005 DODGE DAKOTA. WHILE DRIVING 55 MPH, THE VEHICLE STALLED. THE FAILURE OCCURS CONSTANTLY. THE ENGINE LIGHT ILLUMINATED AND REMAINS LIT. THE DEALER STATED THAT THE FUEL CAP WAS NOT SECURED TIGHTLY ENOUGH. THE FUEL CAP HAS BEEN CHANGED THREE TO FOUR TIMES, BUT THE FAILURE STILL PERSISTS. IN ADDITION, IT TAKES THE CONTACT 20 MINUTES TO PLACE FUEL IN THE VEHICLE. IF HE PUMPS TOO QUICKLY, THE GAS NOZZLE WILL SHUT OFF AND GASOLINE WILL SPLASH OUT. THE MECHANIC STATED THAT THERE IS A FILTER ON THE TANK THAT IS CLOGGED, WHICH MUST BE CHANGED OR CLEANED AFTER EVERY OIL CHANGE. THE FAILURE MILEAGE WAS 69,000. this was the 3rd time it has been changed - needs every oil change Sometimes it hesitates not Stalls.

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