

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 MAR 01 2011 19-JAN-2011	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
GREEN BAY		WI			
The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side			Make	Model	Model Year
1B7GL23X3VS			DODGE	DAKOTA	1997
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
11/96	S&L Motors 920-865-8000		No: Cylinders	Gas	
Original Owner ☐	Dealer's City	State	Zip Code	6	
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
Auto	☒ Cruise Control		Heater Fan Bumpers	23-AUG-2004 1-10-11	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 138110 VISIBILITY: DEFROSTER/DEFOGGER SYSTEM: WINDSHIELD: BLOWER			Failure Mileage	Failure Speed	
3 Times			96400 r	30	
			52766-29043		
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: DOTM9ABC036)		☐ Original Equipment	Failure Location:		
Tire Component Code		☐ Prior Repair			
		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).					
TL* THE CONTACT OWNS A 1997 DODGE DAKOTA. THE CONTACT WAS DRIVING 30 MPH WHEN THE HEATER BLOWER MALFUNCTIONED. THE CONTACT WAS UNABLE TO HEAT THE VEHICLE INTERIOR OR UTILIZE THE DEFROSTER. THE VEHICLE WAS TAKEN IN FOR REPAIRS WHERE THE HEATER BLOWER, MOTOR AND BLOWER FAN WERE REPLACED. THE TECHNICIAN ALSO ADDED MORE ANTI-FREEZE TO THE VEHICLE BUT NONE OF THE REPAIRS REMEDIED THE FAILURE. THE MANUFACTURER WAS NOT CONTACTED TO REPORT THE FAILURE. THE VEHICLE WAS NOT FURTHER REPAIRED. THE FAILURE MILEAGE WAS 96,400.					
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)

This (heater fan in dash) is the "worst example of engineering" the owner of the garage has ever seen. My husband and I wonder why there hasn't been a recall. We at least want to file this complaint. You can't drive in winter without your defroster (to keep the windshield clear.) We're retired and won't fix it again...can't afford to. Since we do have two vehicles I'll make all my appts. in the afternoon so then my husband will have my car to go to work in the mornings.

Also, when the company was notified the the bumpers were rusted away at 50,000 miles (common on a Dodge Dakota) and my husband requested new ones at cost, he'd install them, they insisted bumpers were not under warranty. Another safety risk! My husband then bought & installed replacement bumpers at his own expense.

U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

Official Business
Penalty for Private Use \$300



**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
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



**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**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

COST	QUAN.	PART NO./DESCRIPTION	WARRANTY IF CHECKED	PRICE
	/	BLOWER FAN		8600
	/	EVAPORATOR		12000
		FREON		4400
		TOTAL PARTS		25000
		SUBLET REPAIRS TOWING		
		GALS. GAS @		
		QTS. OIL @		
		LBS. GREASE @		
		TOTAL MATERIAL		

PHASE III SERVICE CENTER



ESTIMATED PRICE

\$1

LUBRICATION	☐
CHANGE OIL	☐
CHANGE OIL FILTER CART.	☐
CHANGE TRANS.	☐
CHANGE DIFF.	☐
PACK FRONT WHEEL BRGS.	☐
ADJUST BRAKES	☐
X TIRES	☐
ALIGN FRONT END	☐
EMISSION CONTROL SERVICE	☐

NAME [REDACTED]		DATE 10-7-2008	
ADDRESS [REDACTED]		CITY [REDACTED]	
MAKE Dodge	TYPE OR MODEL Dodge	YEAR 1999	SERIAL NO. [REDACTED]
ODOMETER 79043	LICENSE NO. [REDACTED]	PHONE WHEN R. [REDACTED]	☐ YES
ADDITIONAL WORK AUTHORIZED BY: [REDACTED]		NAME [REDACTED]	
DATE [REDACTED]	TIME [REDACTED]	A.M. [REDACTED]	P.M. [REDACTED]
☐ THIS VEHICLE RECEIVED WITH- OUT FACE TO FACE CUSTOMER CONTACT		NO. CALLED [REDACTED]	
		NEW ESTIMATE [REDACTED]	
		SHOP REPRESENTATIVE [Signature]	

OPER. NO.	
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INSTRUCTIONS

WARRANTY IF CHECKED

TOTAL PARTS 25000

SUBLET REPAIRS TOWING

GALS. GAS @

QTS, OIL @

LBS, GREASE @

TOTAL MATERIAL

NOT RESPONSIBLE FOR LOSS OR DAMAGE
TO CARS OR ARTICLES LEFT IN CARS IN
CASE OF FIRE, THEFT OR ANY OTHER
CAUSE BEYOND OUR CONTROL.

I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and or your employees permission to operate the car or truck herein described on streets, highways or elsewhere for the purpose of testing and or inspection. An express mechanic's lien is hereby acknowledged on above car or truck to secure the amount of repairs thereto.

THIS PRICE FOR THE AUTHORIZED REPAIRS WILL NOT BE EXCEEDED IF THE MOTOR VEHICLE IS DELIVERED TO THE SHOP WITHIN 5 DAYS.

YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.

1. I request an estimate in writing before you begin repairs.

CUSTOMER SIGNATURE _____
the price will exceed \$_____

3. I do not want an estimate. _____ CHARGE FOR MAKING ESTIMATE: _____

REPLACED PARTS WILL BE RETURNED TO YOU IF YOU REQUEST THEM WHEN THE REPAIRS ARE ORDERED. (YOU MAY INSPECT THOSE PARTS WHICH MUST BE RETURNED TO THE MANUFACTURER.) CHECK ONE:

☐ Please return replaced parts.

☐ I do not want replaced parts.

Motor vehicle repair practices are regulated by Chapter ATCP 132, Wis. Adm. Code, administered by the Bureau of Consumer Protection, Wisconsin Dept. of Agriculture, Trade and Consumer Protection, P.O. Box 8911, Madison, Wisconsin 53708-8911.

ACCT.

INT.

1

S

CLM.

§

2

TOTAL LABOR

TOTAL PARTS

ACCESSORIES

**GAS, OIL,
GREASE**

**SUBLET
REPAIRS
TOWING**

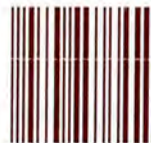
SHOP SUPPLIES

TAX

TOTAL



1000



20077

U.S. POSTAGE
PAID
GREEN BAY, WI
54303
FEB 15, 11
AMOUNT

\$0.61

00036901-17

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