 <p>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</p>		FOR AGENCY USE ONLY 100148	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 03-JUN-2014	Repository <input type="checkbox"/> Reference No. 10595859
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	E-mail Address NOEMAIL@UNK.GOV
Address [REDACTED]		Evening Telephone Number [REDACTED]	
City JANESVILLE	State WI	Zip Code [REDACTED]	
<i>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).</i>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B4HS28Y6WF [REDACTED]		Make DODGE	Model DURANGO
		Model Year 1998	
Date Purchased 04	Dealer's Name and Telephone Number Rock County Truck Home 608-754-4418		Engine: No: Cylinders V8
Original Owner <input type="checkbox"/>	Dealer's City Janesville	State WI	Fuel Type: Unleaded
Zip Code 53545			
Transmission Type Auto	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: X
			Incident Date(s) 22-FEB-2013
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes: 150000 SEAT BELTS, 140000 AIR BAGS, Fuel Safety Switch		Failure Mileage 96000	Failure Speed 20
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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police Y	
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; ie, parts repaired or replaced (and if old part is available).			
TL* THE CONTACT OWNS A 1998 DODGE DURANGO. THE CONTACT STATED THAT WHILE DRIVING 20 MPH OVER A PATCH OF BLACK ICE, THE DRIVER LOST CONTROL OF THE VEHICLE AND CRASHED INTO A WALL BEFORE ROLLING OVER. THE CONTACT MENTIONED THAT THE AIR BAGS FAILED TO DEPLOY AND THE SEAT BELT UNLATCHED INSTEAD OF RESTRAINING THE DRIVER. A POLICE REPORT WAS FILED. THE CONTACT STATED THAT NEITHER THE DRIVER NOR THE PASSENGER SUSTAINED ANY INJURIES. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 96,000 AND THE CURRENT MILEAGE WAS 124,000.			
The driver and passenger were both in shock and both have had ongoing back problems for driver and passenger whose seat belt failed is facing serious back surgery			
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)

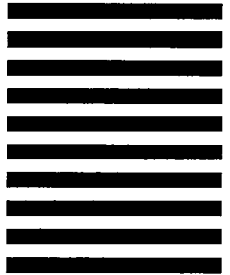
As I wrote inside both the driver has been continually treated for Back problems. Passenger is now facing a metal rod in his back since his seatbelt failed.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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**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