



**DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline**

FOR AGENCY USE ONLY 258

Data Received 10-AUG-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 727537	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> 1B4HR28Y1YF190461	Vehicle Make DODGE TRUCK	Vehicle Model DURANGO	Vehicle Year 2000	Current Odometer Reading
---------------------------------------------------------------------------------------------------------------------	------------------------------------	---------------------------------	-----------------------------	--------------------------

Purchase Date 01-MAR-2000	Dealer's Name _____	Engine Size (CID/CC/L) _____ CID _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
--------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	-----------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	-------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-------------------------------------------------------------------	-----------------------------------------------------------------------------	---------------------------	----------------------	---------------------------	-------------------------------------------------------------------------------------------

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WILL ACCELERATE ON ITS OWN ACCORD..FORCES TO DRIVER TO BRAKE HEAVIER THAN NORMAL USE. VEHICLE IDLES AT A RATE THAT ALLOWS TO PULL OUT OF PARK SPACE IF BRAKE IS NOT DEPRESSED. IF BRAKE IS ALLOWED TO RELEASE MOVING OF VEHICLE CAN CAUSE AN ACCIDENT. HAS MAINTAIN A SPEED OF APPROXIMATELY OF 12 MILES PER HOUR OVER A INCLINED GRADE GOING OVER 3 SPEED BUMPS. THE STEERING COLUMN HAS A POPPING SOUND AND THAT CAN ALSO BE FELT WITH FEET ON FLOOR BOARD. HAVE HAS BACK TO A DODGE DEALER 3 TIMES. ALL 3 TIMES WE ARE TOLD COMPUTER SHOWS NOTHING WRONG AND SERVICE DEPARTMENT SAYS " WHAT DO YOU WANT ME TO DO ABOUT IT".. MANAGEMENT HAS GIVEN NO SATISFACTION. I HAVE SMALL CHILDREN THAT RIDE IN THIS MANUFACTURES DEFECTED AUTOMOBILE. I FEAR A OUT OF CONTROL A

CONTINUED ON BACK (REVERSE)

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.