

785823

From: feedback@cartalk.com
To: Alberto <NHTSA> Jimenez
Date: 12/26/01 6:57AM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

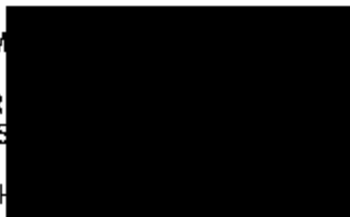
SUBMISSION DATE: Monday, December 24th 2001 at 2:52:18 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

NAME
ADDRESS
STATE
TELEPHONE



NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN: 1B4HS28N5YF239784
MAKE: Dodge
MODEL: Durango
YEAR: 2000

ODOMETER: 44,000
PURCHASE DATE: 03/24/01
NEW OR USED: New

DEALER NAME: Robert Larson Automotive Group-- Dodge store
ADDRESS: Puyallup, Wa 98371

ENGINE SIZE: 4.7liter
CYLINDERS:

FUEL INJECTION: No
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes

DRIVETRAIN: 4 Wheel
DRIVER AIRBAG: Yes
PASSENGER AIRBAG: No
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Other

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Transmission

PART NAME(S):

LOCATION:

NUMBER OF FAILURES: Three

DATE(S) OF FAILURES: 5/21/01, 7/7/01, 12/18/01

MILEAGE AT FAILURE(S): 31,000/ 35,000/44,000

SPEED AT FAILURE(S): 0mph, 0mph, 30mph

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No

FIRE: No

NUMBER OF PERSONS INJURED:

NUMBER OF FATALITIES:

ESTIMATED PROPERTY DAMAGE: \$

DRIVER AIRBAG DEPLOYED:

PASSENGER AIRBAG DEPLOYED:

REPORTED TO POLICE:

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT

TIRE MANUFACTURER:

TIRE NAME:

TIRE SIZE:

ADDITIONAL COMMENTS

Very upset with my discussions with the Service Manager at the dealer (Larson Dodge). They fixed????? the problem the first two times. I have lost faith with the Dealer and have taken the vehicle elsewhere for service. The last service to the transmission was to replace the two transmission filters and add six quarts of transmission fluid which brought it to the full mark. The first transmission fix at the dealer was to add one and one-half quarts of fluid. They also did not find any leaks. It appears that the dealership did not initially fill the transmission to its maximum operating capacity. The second instance was in my driveway the shift mechanism was not engaging. The tow truck driver from Engle's towing was called and he said the linkage had come undone. He crawled under the car and attached as he had done this many times before when he was towing disabled vehicles. The last failure was on the road when the transmission control lever became disengaged from the transmission. This last time the vehicle was towed to a different transmission shop as I have lost complete faith in Daimler/Chrysler/Dodge and the Larson Dealership. I strongly believe that Daimler /Chrysler/Larson Dodge should reimburse me for the repairs and towing expenses plus the pain /suffering I have endured during this whole process.

Thank you for listening to me.



END OF FORM



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 1058

Date Received

24-DEC-2001

Ord. or
rt. dt
od. rt
ip. ltr

Reference No.

785823

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>(Locate at bottom of windshield or driver's side)</small> 1B4HS28N5YF239784	Vehicle Make DODGE TRUCK	Vehicle Model DURANGO	Vehicle Year 2000	Current Odometer Reading
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Purchase Date 24-MAR-2001	Dealer's Name _____	Engine Size (CID/CC/L) 4.7 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07240000	Part Name(s) POWER TRAIN:TRANSMISSION:UNKNOWN TYPE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 3	Date(s) of Failure(s) 21-MAY-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 3,000		
	Vehicle Speed at Failure(s) 30		

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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING, THE TRANSMISSION CONTROL LEVER BECAME DISENGAGED FROM THE TRANSMISSION, BECAUSE DEALER DID NOT INITIALLY FILL THE TRANSMISSION FLUID TO ITS MAXIMUM OPERATING CAPACITY, ALSO THE LINKAGES HAD COME UNDONE, PROBLEM HAS REOCCURRED 3 TIMES.* ET

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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.