



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

JAN 22 2004

400 Seventh Street, S.W.
Washington, D.C. 20590

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Stephan J. Speth, Director
Vehicle Compliance and Safety Affairs
DaimlerChrysler Corporation -
800 Chrysler Dr. - CIMS 482-00-91
Auburn Hills, MI 48326-2757

NVS-213phk
EA03-023

Dear Mr. Speth:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened an Engineering Analysis to investigate allegations of front suspension upper ball joint separations in model year (MY) 2000 through 2002 Dodge Durango sport utility vehicles manufactured by DaimlerChrysler Corporation (EA03-023), and to request additional information on those vehicles, on other MY 1998 through 2003 Durangos, and on MY 1997 through 2004 Dodge Dakota pickup trucks.

ODI has received 33 reports alleging front suspension upper ball joint separation in MY 1998 through 2003 Dodge Durango sport utility vehicles and 12 such reports for MY 1997 through 2004 Dodge Dakota pickup trucks equipped with the same parts. All of the complaints allege ball joint separation and/or an unexpected collapse in the front suspension and several allege that the ball joint separation resulted in a wheel and steering knuckle separating from the vehicle. All but three of these reports were received by ODI in the last 7 months. A copy of each of the reports is enclosed for your review.

DaimlerChrysler's September 5, 2003 letter responding to PE03-032 indicated that for MY 2000 the supplier of the front suspension upper ball joints was changed from TRW to New Castle Machining (NCM). Twenty-five of the Durango separation incidents and all of the Dakota incidents involve vehicles produced with the NCM parts. Twenty-two of the Durango complaints and seven of the Dakota complaints were for MY 2000 vehicles alone. In MY 2003, the upper ball joints were redesigned from a two-piece plastic bearing to a one-piece plastic bearing, a change that may improve the resistance of the subject components to water intrusion and consequent corrosive/grinding wear related failures. Hence, the scope of EA03-023 is MY 2000 through 2002 Durango sport utility vehicles. However, to assist us in our investigation, we are requesting information on all MY 1998 through 2003 Durango sport-utility vehicles and all MY 1997 through 2004 Dakota pickup trucks equipped with similar parts.



DOT AUTO SAFETY HOTLINE
888-DASH-2-DOT
888-327-4236

In order to evaluate the alleged defect and complete its investigation, ODI is requesting specific information from DaimlerChrysler. Unless otherwise stated in the text, the following definitions apply to the information requests:

- **Subject Vehicles:** For purposes of responding to this information request, all MY 1998 through 2003 Dodge Durango sport utility vehicles and all MY 1997 through 2004 Dodge Dakota pickup trucks manufactured for sale or lease in the United States.
- **Subject Components:** All upper ball joints manufactured for use as original equipment or service parts on the subject vehicles.
- **DaimlerChrysler:** DaimlerChrysler Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of its headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of DaimlerChrysler (including all business units and persons previously referred to), who are or, in or after 1995, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. Design, engineering, analysis, modification or production (e.g. quality control);
 - b. Testing, assessment or evaluation;
 - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged Defect:** The front suspension upper ball joint allegedly separates and/or a front wheel separates from the vehicle while the vehicle is being driven. Incidents involving the latter condition can be excluded if they are clearly unrelated to subject component failure (e.g., wheel separation due to wheel stud failure).
- **Document(s):** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes,

manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by DaimlerChrysler, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document that contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by DaimlerChrysler or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as DaimlerChrysler has previously provided a document to ODI, DaimlerChrysler may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and items). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please list verbatim the applicable request above each response. After DaimlerChrysler's response to each request, identify the source of the information and indicate the last date on which the information was gathered.

1. State, by model, model year, and drive type (two-wheel drive or four-wheel drive) the number of subject vehicles DaimlerChrysler has manufactured for sale or lease in the United

States. Separately, for each subject vehicle manufactured to date by DaimlerChrysler, state the following:

- a. Vehicle identification number (VIN);
- b. Make;
- c. Model;
- d. Model year;
- e. Drive type;
- f. Date of manufacture;
- g. Date warranty coverage commenced; and
- h. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the information for this request in a Microsoft Access 2000 table format (or a compatible format). Entitle the table "PRODUCTION DATA." See Enclosure 1, Data Collection Disk, for a pre-formatted table that provides further details regarding this submission.

2. State the number of each of the following, received by DaimlerChrysler, or of which DaimlerChrysler is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
 - a. Consumer complaints, including those from fleet operators;
 - b. Field reports, including dealer field reports;
 - c. Reports involving a crash, injury, or fatality, based on claims against DaimlerChrysler involving a death or injury, notices received by DaimlerChrysler alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
 - d. Property damage claims;
 - e. Third-party arbitration proceedings where DaimlerChrysler is or was a party to the arbitration; and
 - f. Lawsuits, both pending and closed, in which DaimlerChrysler is or was a defendant or codefendant.

For items "a" through "d", state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (e.g., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f", provide a summary description of the alleged problem and causal and contributing factors and DaimlerChrysler's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "f" and "g", identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

In a separate enclosure, provide a tabulation of the total complaint counts by source (complaints, field reports), model, model year, drive type, and complaint category for all other complaints and field reports related to the subject components. Use the following complaint categories for this tabulation: (1) wear; (2) noise; (3) loose steering; (4) uneven tire wear; (5) cost of repair; (6) other; and (7) unknown.

3. Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2 state the following information:
 - a. DaimlerChrysler's file number or other identifier used;
 - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
 - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - d. Vehicle's VIN;
 - e. Vehicle's make, model and model year;
 - f. Vehicle's mileage at time of incident;
 - g. Incident date;
 - h. Report or claim date;
 - i. Whether a crash is alleged;
 - j. Whether property damage is alleged;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

Provide the information for this request in a Microsoft Access 2000 table format (or a compatible format). Entitle the table "REQUEST NUMBER TWO DATA." See Enclosure 1, Data Collection Disk, for a pre-formatted table that provides further details regarding this submission.

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method DaimlerChrysler used for organizing the documents.

In addition, for all material responsive to this request, all material provided in response to this request in DaimlerChrysler's September 5, 2003 response to PE03-032, and all complaints enclosed with this letter, provide copies of the full service histories of each vehicle and copies of all dealer repair records (including all technician comments/notes) related to front suspension service.

5. Provide a comprehensive table of all incidents responsive to Request No. 2 in this submission, the incidents identified in the PE03-023 response, and the incidents identified in the VOQ's enclosed with this letter showing DaimlerChrysler's assessment of the causes of each. Provide this information by VIN, date of incident, alleged cause, DaimlerChrysler's assessed cause, and the basis for DaimlerChrysler's assessment (e.g., field investigation, examination/analysis of returned parts, service records, examination of photographs or reports, etc.). Use the following categories for DaimlerChrysler's assessment of the causal factors: (a) upper ball joint separation; (b) upper ball joint failure related to retaining nut

installation; (c) upper ball joint failure related to impact damage (describe impact); (d) other cause/type of upper ball joint failure; (e) upper ball joint did not fail catastrophically; (g) confirmed non-upper ball joint failure (e.g., failure of lower ball joint or other component of front suspension); and (h) insufficient information to determine if upper ball joint failure occurred.

6. State, by model, model year, and drive type, a total count for all of the following categories of claims, collectively, that have been paid by DaimlerChrysler to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. DaimlerChrysler's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Whether the vehicle was towed to the dealer for the repair (y/n);
- k. Secondary component damage (y/n) - Whether there were coincident repairs to secondary components that can be damaged when an upper ball joint separation occurs. For example, repairs to the following components at the same front wheel position as the subject component on or about the same date as the subject component repair (± 2 days): brake rotor, brake hose, axle (four-wheel drive), body damage, steering knuckle, etc. (state the specific criteria used by DaimlerChrysler);
- l. Concern stated by customer; and
- m. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide the information for this request in a Microsoft Access 2000 table format (or a compatible format). Entitle the table "WARRANTY DATA." See Enclosure 1, Data Collection Disk, for a pre-formatted table that provides further details regarding this submission.

7. Describe in detail the search criteria used by DaimlerChrysler to identify the claims identified in response to Request No. 6, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles and all labor operations DaimlerChrysler used to identify vehicles that had been towed and/or vehicles with secondary component damage. State, by make and model year, the terms of the new vehicle warranty coverage offered by

DaimlerChrysler on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that DaimlerChrysler offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.

8. Produce copies of all service, warranty, and other documents that DaimlerChrysler has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities, that relate to, or may relate to, the alleged defect in the subject vehicles. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any such communication that DaimlerChrysler is planning to issue within the next 120 days, and state the date on which DaimlerChrysler plans to issue the communication.
9. State the torque specifications for the retaining nuts for the upper ball joints and describe the quality control processes for monitoring this and other aspects of subject component assembly.
10. Provide copies of all engineering standards, design verification/validation documents, and production part approval process documents related to the subject components. Provide copies of all completed verification, validation, and PPAP reports.
11. State the design life for subject components. Explain why DaimlerChrysler decided to use maintenance free ball joints for the upper and later for the lower control arm assemblies used in the subject vehicles.
12. Furnish copies of all communications between DaimlerChrysler and each supplier of subject components for the subject vehicles that pertain to the design, manufacture, performance, durability, quality, testing, or modification of the ball joints for the subject vehicles or to their application for the front suspension assembly. If any communications on this subject were oral or were conducted electronically, provide a written transcript or summary of each such communication, and include a statement that identifies the participants and the date of the communication.
13. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles, that have been conducted, are being conducted, are planned, or are being planned by, or for, DaimlerChrysler. For each such action, provide the following information:
 - a. Action title or identifier;
 - b. The actual or planned start date;
 - c. The actual or expected end date;
 - d. Brief summary of the subject and objective of the action;

- e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and
- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

14. Identify and describe all service and production countermeasures that have been considered by DaimlerChrysler to address problems with wear related failures of subject components. State which alternatives, if any, have been eliminated and state the reasons. For each option that remains under consideration, identify the remaining testing and analyses needed to make a decision and give the target dates for completing each action.
15. Other than the modifications described in DaimlerChrysler's September 5, 2003 response to PE03-032, describe every modification or change made by, or on behalf of, DaimlerChrysler in the design, material composition, manufacture, quality control, supply, or installation of the subject component(s), from the start of production to date, that relates to, or could relate to, the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
 - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
 - b. A detailed description of the modification or change;
 - c. The reason(s) for the modification or change;
 - d. The part numbers (service and engineering) of the original component;
 - e. The part numbers (service and engineering) of the modified component;
 - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
 - g. When the modified component was made available as a service component; and
 - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the information requested in items "a" through "h" above for any further modification or change to the subject component(s) of which DaimlerChrysler is aware which may be produced, distributed, made available, or incorporated into vehicle production within the next 120 days, provided that in this context, item (a) above refers to planned changes and should be read as if it were written in the future tense.

16. For each model and drive type, provide computer model images of the front suspension components at full jounce and full rebound. Include in each drawing the loads (x-, y-, and z-direction forces and the resultant forces magnitudes and directions) of the upper and lower ball joints. Also, include the angles of articulation of each control arm and ball joint (measured from the ball joint stem to control arm axis) from static curb weight condition to the full jounce and full rebound positions.

17. For each model and drive type of subject vehicle, describe, and provide copies of all documents relating to, all vehicle testing (including computer simulations) to assess the forces acting on the subject ball joints. Provide DaimlerChrysler's assessment of the forces acting on the subject ball joints and the associated control arm bushings in the x-, y-, and z-directions during: (a) static conditions; (b) steady state driving; (c) cornering (both sides); (d) braking (normal and hard); and (e) transient driving conditions (e.g., force vs. time plots of forces associated with driving over a vertical perturbation in the road at a designated speed – for instance, force vs. time plots for each load direction showing transitions from steady state to full jounce to full rebound to steady state while driving at 30 mph).
18. Provide DaimlerChrysler's assessment of which of the above (in Request No. 17), or other, operating conditions contribute most to: (a) wear of the subject components; and (b) separation of worn joints.
19. Describe, and provide copies of all documents relating to, all testing conducted by, or for, DaimlerChrysler to assess the separation or pull-out forces for new and used ball joint assemblies used in the subject vehicles. Provide copies of all test plans and procedures used and video demonstrating how each test was performed. Include in your response to this request a detailed comparison of the axial and side-load forces required to separate ball joints supplied by TRW and NCM in both new and field return parts. For the latter, state the VIN, mileage, symptoms reported by the owner, end-play (if measured), ball diameter, and any other measurements or observations that characterize the degree of wear for each part. Provide pull-out/separation force vs. ball joint wear curves for the TRW and NCM parts and DaimlerChrysler's assessment of the relative performance of the parts from the two suppliers and the relationship of each to the forces that the parts may see in service in each of the subject models and drive types.
20. Using the information furnished in response to Request Nos. 17 and 19, provide DaimlerChrysler's assessment of the wear conditions and load conditions (and the associated driving maneuvers) that are necessary to cause a ball joint separation to occur. State what evidence, if any, is available to correlate this assessment to actual incidents of ball joint separation that have been investigated by DaimlerChrysler.
21. State the design dimensions and tolerances for the ball and the socket/capsule stem opening for the subject components manufactured by TRW and NCM. Provide copies of all engineering drawings for the subject components.
22. Describe, and provide copies of all documents relating to, the DaimlerChrysler field survey that was referenced during the December 9, 2003 meeting with NHTSA.
23. Describe in detail, and provide copies of all documents relating to, all other testing and analyses that have been conducted by, or for, DaimlerChrysler on field return samples of subject components. Provide an electronic listing of all such parts collected by DaimlerChrysler. Include the following information in the list: (a) VIN; (b) repair date; (c) symptoms reported by the consumer; (d) end-play (if measured); (e) dealer technician notes/observations; (f) DaimlerChrysler's characterization of the severity of the wear in the

part (use the categories low, moderate, or severe and state the conditions used by DaimlerChrysler to define each category); (g) ball diameter; (h) ball hardness; (i) socket hardness; and (j) a column for each of the analyses that have been completed or are planned by DaimlerChrysler, with the results for completed tests shown for each part. Provide photographs of each part, including high-resolution pictures of the balls that have been removed from returned parts with metric scales shown in the images.

24. Describe, and provide copies of all documents relating to, all metallurgical testing and analyses of new and field return ball joint assemblies supplied by TRW and by NCM that have been done by DaimlerChrysler or of which DaimlerChrysler is otherwise aware. Include all mechanical and chemical analyses of ball, socket, and wear debris, such as microscopy, metallography, macroscopic and microscopic hardness testing, microstructure analysis, and chemical analyses of wear surfaces or wear debris. Describe by manufacturing process, hardness, and thickness all case hardening and/or surface coatings in the balls and sockets/capsules of new parts supplied by TRW and NCM and provide copies of relevant specifications and documents.
25. State whether DaimlerChrysler has conducted any testing or analyses of subject components to measure the rate of corrosive/grinding wear related dimension change of the balls and/or sockets. Describe the test methods and results for any such analyses and provide copies of all related documents.
26. Provide DaimlerChrysler's assessments of the approximate mileage ranges and symptoms associated with the following stages of upper ball joint wear progression: (a) initiation of water intrusion; (b) evacuation of joint lubrication; (c) deterioration/disintegration of the plastic bearing; (d) onset of corrosive/grinding wear the ball and socket; (e) 25 percent reduction of joint pull-out forces; (f) 50 percent reduction in joint pull-out forces; and (g) severe loss of joint retention capability (e.g., ball can be separated from socket with less than 200 pounds force of axial or side load). For parts "e" through "g," state the approximate ball diameters associated with the respective joint load capacities. For part "d" through "g," state DaimlerChrysler's assessment of the wear rates through each stage, including whether the wear rates are approximately constant or if they may accelerate at some point in the process. State the bases for each such assessment.
27. State the number of each of the following that DaimlerChrysler has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model, model year, and drive type of the vehicle in which it is used and month/year of sale *(including the cut-off date for sales, if applicable)*:
 - a. Subject component;
 - b. Front suspension lower ball joint;
 - c. Front suspension upper control arm;
 - d. Front suspension lower control arm; and
 - e. Any kits that have been released, or developed, by DaimlerChrysler for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number).

Also, identify by make, model and model year, any other vehicles of which DaimlerChrysler is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

28. Provide DaimlerChrysler's assessment of the effect of the change to the one-piece bearing design that was implemented in MY 2003 vehicles on the wear related failures of the subject components. Identify any test data or field data analyses that provide quantitative evidence of the effectiveness of the design change.
29. Using Weibull analysis of warranty data for all wear related claims, provide DaimlerChrysler's estimates of the following for the subject components by model, drive type, and model year:
 - a. State the slope (β) and scale (η) parameters;
 - b. State the estimated B1, B5, and B10 service intervals (in mileage);
 - c. State the percentages of subject components that DaimlerChrysler estimates will have experienced a wear-related failure of a subject component at the following mileage intervals: 50,000 miles; 100,000 miles; and 150,000 miles;
 - d. Provide DaimlerChrysler's assessment of how well the estimates compare with current volumes and trends in part sales; and
 - e. Based on the currently understood ratios of separation failures to total wear related failures of subject components, provide DaimlerChrysler's estimate of the total number of separation incidents that may occur in the next three years.
30. Furnish DaimlerChrysler's current assessment of the alleged defect in the subject vehicles, including:
 - a. The causal or contributory factor(s) of corrosive/grinding wear related failures of subject components;
 - b. The failure mechanism(s) of corrosive/grinding wear related failures of subject components;
 - c. The wear condition of upper ball joints that have been involved in known incidents of upper ball joint separation that have been investigated to date – this should be limited to parts that have been inspected, tested, or otherwise analyzed by, or for, DaimlerChrysler;
 - d. The driving maneuvers associated with known incidents of upper ball joint separation that have been investigated to date – include DaimlerChrysler's assessment of the estimated forces from each such maneuvers on the subject components;
 - e. The reason(s) for differences in rates of separation between subject components supplied by TRW and NCM;
 - f. The reason(s) for the disproportionately high rate of separation incidents currently alleged in the MY 2000 subject vehicles;
 - g. The reason(s) for differences in the rates of subject component separation, if any, when compared by model and drive type;
 - h. The risk to motor vehicle safety that it poses;

- i. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and
- j. The reports included with this inquiry.

This letter is being sent to DaimlerChrysler pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. DaimlerChrysler's failure to respond promptly and fully to this letter could subject DaimlerChrysler to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well). Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act. Pub. L. No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If DaimlerChrysler cannot respond to any specific request or subpart(s) thereof, please state the reason why DaimlerChrysler is unable to do so. If on the basis of attorney-client, attorney work product or other privilege, DaimlerChrysler does not submit one or more requested documents or items of information in response to this information request, DaimlerChrysler must provide a privilege log identifying each document or item withheld, and state the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (including all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

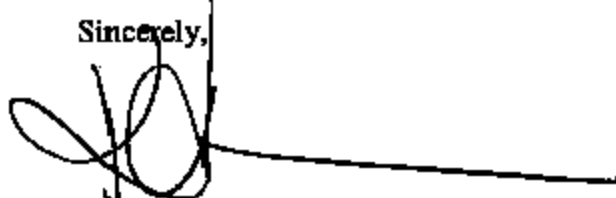
Please submit two copies of DaimlerChrysler's response to this letter (including any confidentiality requests) to this Office by March 12, 2004. Please utilize Case No. EA03-023 in DaimlerChrysler's response to this letter. If DaimlerChrysler finds that it is unable to provide all of the information requested within the time allotted, DaimlerChrysler must request an extension from Mr. Jeffrey L. Quandt at (202) 366-5207 no later than five (5) business days before the response due date. If DaimlerChrysler is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information DaimlerChrysler has available at that time, even if an extension has been granted.

If DaimlerChrysler claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or is protected from disclosure pursuant to 18 U.S.C. § 1905, DaimlerChrysler must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 C.F.R. Part 512, as amended (68 Fed. Reg. 44209 *et seq.* (July 28, 2003)), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. DaimlerChrysler is required to submit two copies of the documents containing allegedly

confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please contact Mr. Peter Kivett, Safety Defects Engineer, of my staff at (202) 366-6178.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathleen C. DeMeter', with a long horizontal line extending to the right.

Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosures: (2) – One CD ROM titled Data Collection Disk containing three files and Forty Five Vehicle Owner's Questionnaires



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 100079

Date Received

06-JAN-2004

Repository ☐Reference No.
10053465

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS38N92F208955

Make
DODGEModel
DURANGOModel Year
2002

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
GasOriginal Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC
☒ Antilock Brakes
☒ Cruise Control
Powertrain
4 WHEEL DRIVEVehicle Component Code
021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
06-JAN-2004Failure Mileage
10000Failure Speed
15

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: D0THAL9ABC036)

☐ 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

☐ Yes☒ No

Fire

☐ Yes☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE DRIVING AT 15 MPH FRONT PASSENGER SIDE WHEEL SNAPPED OFF WITHOUT ANY WARNING. DEALER INDICATED THAT LOWER BALL JOINT SEPARATED FROM AXLE. *AK

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.



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 100145

Date Received

15-DEC-2003

Repository ☐Reference No.
10051594**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-DEC-2003

Failure Mileage

78000

Failure Speed

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: DOTM15ABC036)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

WHILE PARKED, THE VEHICLE'S FRONT END COLLAPSED. THE DEALER STATED THE BALL JOINTS FELL OFF THE VEHICLE. PLEASE PROVIDE ADDITIONAL INFORMATION. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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

29-JUL-2003

Repository ☐Reference No.
10030352

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number
SAME

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

DODGE

Model

DURANGO

Model Year

2001

Date Purchased
24-JUL-01Dealer's Name and Telephone Number
REDLANDS DODGEEngine:
No. CylindersFuel Type:
GasOriginal Owner
☒Dealer's City
REDLANDSState
CA

Zip Code

Transmission Type
AUTOMATIC☒ Antilock Brakes
☐ Cruise ControlPowertrain
FRONT WHEEL DRIVE

Vehicle Component Code

D21520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-MAR-2002

Failure Mileage

Failure Speed

15

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)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ 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; i.e., parts repaired or replaced (and if old part is available).

FRONT WHEEL FELL (FROM THE BALL JOINTS TO THE TIRE) OFF OUR 2001 DODGE DURANGO CAUSING THE VEHICLE TO CRASH INTO A CURB. APPEARED TO BE FAULTY BALL JOINT (AREA). CHRYSLER INVESTIGATED AND SAID IT WASN'T FAULTY EQUIPMENT. THIS SEEMS TO BE A COVER-UP ON CHRYSLER'S PART. PEOPLE IN MY FAMILY COULD HAVE DIED. THE AIR BAGS DID NOT DEPLOY DURING THIS ACCIDENT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 335

Date Received

08-DEC-2003

Repository ☐

Reference No.
10050239

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

2000

Date Purchased
12-AUG-03

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Message

39000

Failure Speed

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)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

WHILE VEHICLE WAS UP ON THE LIFT BEING SERVICED RIGHT UPPER BALL JOINT BROKE. WHEN THE BALL JOINT BROKE, IT CAUSED THE PASSENGER'S SIDE REAR TIRE TO HANG OFF THE VEHICLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 1367

Date Received

22-DEC-2003

Repository ☐Reference No.
10051883

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARMS UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-MAR-2003

Failure Mileage

32000

Failure Speed

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: DOTMA19ABC036)

☐ 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(es).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s), parts repaired or replaced (and if old part is available).

DRIVER'S SIDE UPPER BALL JOINT AND THE STEERING SECTOR BROKE, AS A RESULT, CONSUMER LOST CONTROL OF THE VEHICLE. IT THEN JUMPED A CURB AND WENT INTO A DITCH. THIS OCCURRED WHILE THE CONSUMER WAS REVERSING OUT OF THE DRIVEWAY. DEALERSHIP REPLACED BOTH BROKEN PARTS. *AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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 100147

Date Received

04-DEC-2003

Repository ☐Reference No.
10050019**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
1B4AZBN9Y5146976

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code
020000 SUSPENSION

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-DEC-2003

Failure Mileage

Failure Speed
25

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: DOTM15ABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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; i.e., parts repaired or replaced (and if old part is available).

WITHOUT WARNING THE FRONT SUSPENSION COLLAPSED. THIS OCCURRED WHILE THE DRIVER WAS DRIVING 25 MPH, CAUSING THE CONSUMER TO LOOSE CONTROL OF THE VEHICLE AND HIT AN EMBANKMENT. THE OWNER HAD THE VEHICLE TOWED TO THE DEALER. PLEASE ADD ANY ADDITIONAL INFORMATION. *PH

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.



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 1368

Date Received

29-OCT-2003

Repository ☐

Reference No.
1004993

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

26-OCT-2003

Failure Mileage

5600

Failure Speed

15

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: DOTM4L9ABC036)

☐ Original Equipment
☐ Prior Repair

Failure Location:

The 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE DRIVING 15 MPH CONSUMER HEARD A LOUD POPPING NOISE. THE CONSUMER PULLED OVER TO CHECK, AND SAW THAT FRONT BALL JOINTS BROKE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

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 responses 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.



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

29-OCT-2003

Repository ☐Reference No.
10043883**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
04-AUG-2003

Failure Mileage

Failure Speed

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: DOTM15ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

IT ALL STARTED WITH A SQUEEZING NOISE IN THE FRONT END, ONE DAY THE FRONT RIGHT END BALL JOINT COLLAPSED AND CAUSED THE FRONT RIGHT WHEEL TO COMPLETELY FOLD UNDERNEATH ITSELF AND CAUSED THE FRONT END TO COLLAPSE. THERE WAS ROUGHLY MILES ON THE VEHICLE AND IN VERY GOOD CONDITION. LUCKY I WAS SIMPLY PULLING OUT OF MY DRIVEWAY AND NOT DRIVING DOWN THE HIGHWAY, NO ONE WAS HURT, BUT THE POTENTIAL FOR INJURY WAS ASTRONOMICAL. *LA

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 responses 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.



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

26-OCT-2003

Repository ☐

Reference No.
10043578

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS28R5YF294638

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased
20-JUL-00

Dealer's Name and Telephone Number
WESTSIDE DODGE 630-907-1200

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
NORTH AURORA

State
IL

Zip Code
60542

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
25-OCT-2003

Failure Mileage
59658

Failure Speed
25

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: DOT H15ABC036)

☐ 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).

FRONT BALL JOINT FAILED ON MY DURANGO AND THE TIRE COLLAPSED. *LA

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.



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 197

Date Received

11-OCT-2001

Repository ☐Reference No.
897628

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

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 11/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

190000 TIRES

Multiple Failures: 0

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-SEP-2001

Failure Mileage

Failure Speed

0

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: DOTM15ABC036)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

CWHLIE MOTHER WAS DRIVING ABOUT 15 MPH RIGHT FRONT TIRE COLLAPSED WITH WHEEL DISCONNECTING FROM VEHICLE. HAD TO BE TOWED TO DEALER, AND THEY COULD NOT DETERMINE WHAT HAD CAUSED DISATTACHMENT. ACCORDING TO CONSUMER, THEY JUST FIXED, MANUFACTURER WAS NOT CONTACTED. PLEASE PROVIDE MORE INFORMATION.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 2004 (Public Law 107-35) 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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.



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

06-OCT-2003

Repository ☐Reference No.
10041324

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1 / 06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS28N5YF137482

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased
01-NOV-00Dealer's Name and Telephone Number
PALMER DODGE

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner
☒Dealer's City
ROSWELLState
GA

Zip Code

Transmission Type
AUTOMATIC
☐ Antilock Brakes
☒ Cruise Control
Powertrain
4 WHEEL DRIVEVehicle Component Code
020000 SUSPENSION

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-OCT-2003Failure Mileage
56000Failure Speed
10

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: DOTM19ABC038)

☐ 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), Condition(s), and Injury(s).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

THE BALL JOINT HOLDING WHEEL ON VERTICAL AXLE FAILED CAUSING WHEEL TO TILT 45 DEGREES FROM A STRAIGHT ANGLE. LUCKILY THIS HAPPENED WHEN MY WIFE WAS LEAVING THE GROCERY PARKING LOT AND WAS NOT ON MAIN ROAD DRIVING HIGH SPEED, OTHERWISE COULD HAVE BEEN FATAL. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100145

Date Received

01-OCT-2003

Repository ☐Reference No.
10037771**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 10/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4H5262XYF248970

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased
03-JUN-00

Dealer's Name and Telephone Number
PETER FULLER DODGE

Engine:
No. Cylinders

Fuel Type:

Original Owner
☐

Dealer's City

State

Zip Code
02172

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
19-AUG-2003

Failure Mileage

Failure Speed

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: DOTM3ABC036)

☐ 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 Systems

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

THE UPPER BALL JOINTS EXPERIENCED PREMATURE FAILURE AND CAUSED THE FRONT END TO COLLAPSE. *AK *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100184

Date Received

15-SEP-2003

Repository ☐Reference No.
10034118**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS28NZYF134555

Make
DODGEModel
DURANGOModel Year
2000Date Purchased
01-NOV-99Dealer's Name and Telephone Number
WESTSIDE DODGEEngine:
No. Cylinders 8Fuel Type:
GasOriginal Owner
☒Dealer's City
NORTH AURORAState
IL

Zip Code

Transmission Type
AUTOMATIC
☒ Antilock Brakes
☐ Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
14-AUG-2003Failure Mileage
43000Failure Speed
5**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: DOTMA1SABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

PE 03-032 FRONT SUSPENSION UPPER BALL JOINT: VEHICLE EXPERIENCED COMPLETE UPPER BALL JOINT FAILURE, WHICH CAUSED WHEEL SEPARATION, ALMOST RESULTING IN LOSS OF CONTROL. *AK THE STEERING BECAME LOSE AND THE TIRE FELL FLAT TO THE GROUND. *PH *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100184

Date Received

12-SEP-2003

Repository ☐Reference No.
10034152**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
DODGEModel
DURANGOModel Year
2000

Date Purchased

Dealer's Name and Telephone Number
UNKNOWNEngine:
No: Cylinders 8

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
15-JUL-2003Failure Mileage
99000

Failure Speed

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: DDTHAL9ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

PE 03-032, FRONT SUSPENSION UPPER BALL JOINT FAILURE: THE UPPER BALL JOINTS PREMATURELY WORE OUT AND THE WHEEL
SEPARATED. *AK THE FRONT END VIBRATED WHILE DRIVING. BOTH UPPER AND LOWER BALL JOINTS WERE DIAGNOSED AS BAD. *PH *JB

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOY (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100083	
		Date Received 01-OCT-2003	Repository <input type="checkbox"/> Reference No. 10038016
OWNER INFORMATION (Type or Print)		Daytime Telephone Number	
Name		E-mail Address	
Address		Evening Telephone Number	
City	State	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 1/1/			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 184HS2826YF260436		Make DODGE	Model DURANGO
Date Purchased 01-JUL-00	Dealer's Name and Telephone Number CRYSTAL AUTO MALL		Model Year 2000
Original Owner <input checked="" type="checkbox"/>	Dealer's City GREENBROOK	State ND	Fuel Type: Gas
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Engine: No. Cylinders 8	
Powertrain		Vehicle Component Code 021000 SUSPENSION:FRONT	
		Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 08-AUG-2003	Failure Mileage 59900	Failure Speed 25	
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make GOODYEAR	Tire Model (Name or Number) WRANGLER		Tire Size (Example P215/65R15) P275/60R17
DOT No. (Example: DOTM19ABC036)	<input checked="" type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: DRIVER SIDE FRONT	
Tire Component Code 190000 TIRES		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(es).)			
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0
Reported to Police Y			
Narrative Description of Incident(s), Crash(es), and Injury(es). 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).			
CONSUMER COMPLAINED ABOUT FRONT SUSPENSION PROBLEM. THE FRONT LEFT TIRE COLLAPSED WHILE DRIVING AT 25 MPH AND CAUSED THE CONSUMER TO LOSE CONTROL OF THE VEHICLE. THE DRIVER WAS BADLY INJURED. THE MANUFACTURER WAS CONTACTED WHO INVESTIGATED THE CAUSE. *AK *JB			
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.			



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 100147

Date Received

03-SEP-2003

Repository ☐Reference No.
10038067

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

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: 9/3/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
DODGEModel
DURANGOModel Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021000 SUSPENSION:FRONT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-MAY-2003

Failure Mileage

Failure Speed
25

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: DOTM1S9ABC036)

☐ 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), crash(es), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE DRIVING AT 25 MPH, AND WITH NO WARNING FRONT SUSPENSION COLLAPSED, CAUSING THE DRIVER TO LOSE CONTROL. VEHICLE HAD TO BE TOWED TO THE DEALERSHIP. *AK

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.



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

10-AUG-2003

Repository ☐Reference No.
10031212**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1/1

VEHICLE INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS2BN5YF266693Make
DODGEModel
DURANGOModel Year
2000Date Purchased
27-MAY-00

Dealer's Name and Telephone Number

Engine:
No: Cylinders 8Fuel Type:
GasOriginal Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC☐ Antilock Brakes
☒ Cruise ControlPowertrain
4 WHEEL DRIVEVehicle Component Code
021000 SUSPENSION: FRONT

Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
06-JUN-2003Failure Mileage
44700Failure Speed
55**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: DOTM15ABC036)

☐ 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), condition(s), and injury(ies).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

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(s).
i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING AT HIGHWAY SPEED, THE TRUCK SUDDENLY VEERED TO THE RIGHT AND STRUCK A RETAINING WALL AND WENT INTO A SPIN. THERE WERE NO OTHER CARS ON THE ROAD AND THE WEATHER WAS CLEAR. UPON EXITING THE VEHICLE THE PASSENGER SIDE FRONT WHEEL AND SUSPENSION WERE SEPARATED FROM THE TRUCK. HAD THE TIRE OR WHEEL OR SUSPENSION FAILED PRIOR TO THE ACCIDENT OR WERE THEY DAMAGED AFTER IMPACT WITH THE BARRIER, I AM UNABLE TO TELL. WE HAVE NO EXPLANATION FOR THE SUDDEN LOSS OF CONTROL OF THE VEHICLE. THE TRUCK IS CURRENTLY IN POSSESSION OF ALUSTATE INSURANCE AGENCY AND VIN IS 1B4HS2BN5YF266693.
*NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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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

29-JUL-2003

Repository ☐Reference No.
10030368

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
DODGEModel
DURANGOModel Year
2000Date Purchased
19-SEP-99

Dealer's Name and Telephone Number

Engine:
No: Cylinders 8Fuel Type:
GasOriginal Owner
☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC
☐ Antilock Brakes
☒ Cruise Control
Powertrain
4 WHEEL DRIVE

Vehicle Component Code

021520 SUSPENSION:FRONT;CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
03-MAR-2003Failure Mileage
80000Failure Speed
25

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)

☐ 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(es).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

Y

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

2000 DURANGO WITH 80,000 MILES. UPPER BALL JOINT FAILED, CAUSING THE UPPER CONTROL ARM (AND DRIVERS SIDE WHEEL) TO SEPARATE FROM THE VEHICAL. THE TRUCK VIOLENTLY VEERED AND SKIDDED UNTIL IT CAME TO REST ON THE SIDE OF THE ROAD. LUCKILY THIS OCCURED AT ONLY ABOUT 25MPH, TWO MINUTES BEFORE THE VEHICAL WAS AT HIGHWAY SPEEDS! *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 335

Date Received

12-NOV-2003

Repository ☐Reference No.
10030088**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B4HR2BYXF112941

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased
01-SEP-99Dealer's Name and Telephone Number
UNION DODGEEngine:
No. Cylinders 8Fuel Type:
GasOriginal Owner
☒Dealer's City
GARDEN GROVEState
CAZip Code
92840Transmission Type
AUTOMATIC☒ Antilock Brakes
☐ Cruise Control

Powertrain

Vehicle Component Code

106000 POWER TRAIN-AXLE ASSEMBLY

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
18-JUL-2003Failure Mileage
33338Failure 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: DOTM15ABC036)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

WHILE PULLING INTO AN INTERSECTION VEHICLE MADE A LOUD CRUNCHING SOUND. CONSUMER PULLED OVER, AND NOTICED THAT DRIVERS SIDE FRONT WHEEL HAD ALMOST COME OFF. *AK THE LEFT FRONT AXLE BROKE. MECHANIC RECOMMENDED REPLACING THE HUB AND BEARING, STEERING KNUCKLE, ABS SENSOR, FRONT BRAKE AND CALIPER PINS. CONSUMER DECLINED AND NOTED THAT THE REPAIR INCLUDED KEEPING THE FAILED PARTS. *PH *NLM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100145

Date Received

23-JUL-2003

Repository ☐Reference No.
10029971**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 7/23/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes☐ Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

22-JUL-2003

Failure Mileage

Failure Speed

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: DOTM4L9ABC036)

☐ 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), cause(s), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

CONSUMER STATES TOP BALL JOINTS SEPARATED AND WHEEL FELL OFF WHILE DRIVING. DEALER NOTIFIED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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

22-JUL-2003

Repository ☐

Reference No.
10028801

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased
10-JUL-00

Dealer's Name and Telephone Number
MANCARI DODGE

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
OAK LAWN

State
IL

Zip Code
60453

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
10-JUL-2002

Failure Mileage
40000

Failure Speed
10

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)

☐ 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

☐ Yes ☒ No

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

MY UPPER RIGHT BALL JOINT BROKE AND SEPARATED THE WHEEL FROM THE VEHICLE. FORTUNATELY, NO ACCIDENT ONLY BECAUSE OF THE SLOW SPEED OF THE VEHICLE. THIS SEEMS TO BE QUITE A WEEK AND DANGEROUS LINK FOR A 2000 DODGE DURANGO WITH 40000 MILE AND NEVER WAS USED IN OFF ROAD.

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.



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

22-JUL-2003

Repository ☐

Reference No.
10028815

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 7/22/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side:

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased
15-JUN-00

Dealer's Name and Telephone Number
SOUTHLAKE DODGE 219-947-1527

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
MERRILLVILLE

State
IN

Zip Code
46410

Transmission Type
AUTOMATIC

☒ Anti-lock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-JUL-2003

Failure Mileage

Failure Speed
2

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: DOTM1SABC036)

☐ 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), condition(s), and injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

BACKING OUT OF DRIVEWAY TURNING WHEEL TO RIGHT FELT LIKE I HIT SOMETHING, GOT OUT AND LOOKED AROUND VEHICLE, FOUND NOTHING. BACKED INTO STREET, KNEW SOMETHING WAS WRONG, LOOKED AT FRONT TIRE ON PASSENGER SIDE, WHEEL WAS COCKED. CALLED TOW TRUCK AND CERTIFIED MECHANIC SAID BALL JOINT WAS BROKEN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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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 100147

Date Received

15-SEP-2003

Repository ☐Reference No.
10031330

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

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 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B4HS2B25YF137520

Make

DODGE

Model

DURANGO

Model Year

2000

Date Purchased
01-MAR-00Dealer's Name and Telephone Number
AL SMITH DODGE 919-839-7442

Engine:

No. Cylinders 6

Fuel Type:

Gas

Original Owner
☒Dealer's City
RALEIGHState
NCZip Code
27609Transmission Type
AUTOMATIC☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-JUL-2003Failure Mileage
51472Failure Speed
5

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)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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 (e.g., parts repaired or replaced (and if old part is available)).

CONSUMER STATED THE UPPER BALL JOINT EXPERIENCED PREMATURE WEAR. DEALER NOTIFIED. *AK WHILE GOING SLOWLY OVER A SPEED BUMP, THE RIGHT UPPER BALL JOINT BROKE, WHICH LEFT THE TIRE IN A 45 DEGREE ANGLE. CONSUMER LATER LEARNED THAT THE JOINT WASN'T PACKED PROPERLY WITH GREASE FROM THE FACTORY. BOTH BALL JOINTS WERE REPLACED AT NO COST TO THE CONSUMER. *PH
*JB

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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 252	
		Date Received 06-JUN-2003	Repository <input type="checkbox"/> Reference No. 10022581		
OWNER INFORMATION (Type or Print)				Daytime Telephone Number [REDACTED]	E-mail Address
Name [REDACTED]				Evening Telephone Number	
Address [REDACTED]					
City [REDACTED]		State [REDACTED]	Zip Code [REDACTED]		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____				Date 6/1/03	
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B4HS2B25YF300912			Make DODGE	Model DURANGO	Model Year 2000
Date Purchased 01-FEB-03	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 022000 SUSPENSION: REAR Multiple Failure: 1		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 06-JUN-2003	Failure Mileage 33000	Failure Speed 30			
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 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police 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).					
DRIVING DOWN THE ROAD ABOUT 30 MPH, I HIT A DIP IN THE ROAD AND THE WHOLE PASSENGER SIDE FRONT WHEEL ASSEMBLY (TIRE/WHEEL/STEERING KNUCKLE/BRAKE COMPONENTS) FLEW OFF. THE UPPER BALL JOINT BROKE.					
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.					



U.S. Department
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National Highway
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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 100079

Date Received

30-OCT-2003

Repository ☐Reference No.
10046087**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
1B4HS2BZ1YF211970

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders 6

Fuel Type:

Gas

Original Owner ☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code

Q21540 SUSPENSION;FRONT;CONTROL ARM;LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-NOV-2002

Failure Mileage
52000

Failure Speed
5

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)

☐ 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 Systems

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

WHILE DRIVING 5 MPH AND TURNING LEFT INTO A PARKING SPACE DRIVER'S SIDE FRONT WHEEL SEPARATED FROM THE SUSPENSION. DEALER STATED THAT BALL JOINTS SEPARATED. THERE WAS NO INJURIES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 335

Date Received

03-DEC-2002

Repository ☐

Reference No.
8023630

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
B4HS2B21YF211970

Make
DODGE

Model
DURANGO

Model Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders

Fuel Type:

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-NOV-2002

Failure Mileage

Failure Speed

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)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Writeable 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).

WHILE DRIVING THE VEHICLE, CONSUMER STATES THE WHOLE RIGHT FRONT WHEEL ASSEMBLY BECAME DETACHED FROM VEHICLE. PLEASE PROVIDE FURTHER INFORMATION. TS

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received

22-AUG-2003

Repository ☐Reference No.
10034336**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021320 SUSPENSION;FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
17-AUG-2003

Failure Mileage

Failure Speed

30

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: DOTM15A8C036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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)).

WHILE DRIVING AT 30 MPH RIGHT FRONT WHEEL STARTED SHAKING, THEN THE WHEEL SEPARATED FROM THE UPPER BALL JOINT. DEALER HAS BEEN CONTACTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

01-NOV-2003

Repository ☐Reference No.
10045255**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B4HS28Z3XF690164

Make

DODGE

Model

DURANGO

Model Year

1999

Date Purchased

02-FEB-02

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

26-OCT-2003

Failure Mileage

70000

Failure Speed

S

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: DOTMALSABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ 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(s).
E.g., parts repaired or replaced (and if old part is available).

LOWER BALL JOINT FAILED WHILE DRIVING. FRONT END COLLAPSED TO GROUND. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 100146

Date Received

20-DEC-2003

Repository ☐Reference No.
10050834

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B4HS2B0XPF604641

Make

DODGE

Model

DURANGO

Model Year

1999

Date Purchased
01-JAN-00Dealer's Name and Telephone Number
WILSON DODGEEngine:
No: Cylinders 8Fuel Type:
GasOriginal Owner
☐Dealer's City
TORRINGTONState
CTZip Code
06790Transmission Type
AUTOMATIC☒ Anti-lock Brakes
☒ Cruise ControlPowertrain
4 WHEEL DRIVE

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARME:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-DEC-2003Failure Mileage
87000Failure Speed
30

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: DOTMA1SAB0036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

WE OWN A 1999 DODGE DURANGO.... WHEEL, BRAKE ROTOR AND STEERING KNUCKLE SEPARATED FROM THE VEHICLE.... BALL JOINT SEPARATION SEEMS TO HAVE BEEN THE PROBLEM... APPARENTLY, THIS IS A CONTINUING ISSUE WITH THESE VEHICLES. *LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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DOT Auto Safety Hotline
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received

30-OCT-2003

Repository ☐

Reference No.
10046054

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 10/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

DURANGO

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

☐

Dealer's City

State

Zip Code

Transmission Type

☒ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

19-JUN-2002

Failure Mileage

40000

Failure Speed

65

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: DOTM1SABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE DRIVING 65 MPH FRONT BALL JOINTS SNAPPED, CAUSING THE FRONT DRIVERS' SIDE TIRE TO DISCONNECT FROM VEHICLE. CONSUMER MANAGED TO PULL OVER, AND HAD THE VEHICLE TOWED. DEALERSHIP MECHANIC WAS NOTIFIED, BUT THE PROBLEM STILL PERSISTS.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline
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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

18-AUG-2003

Repository ☐Reference No.
10033076

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1B4HS28Y5XF698953

Make
DODGE

Model
DURANGO

Model Year
1999

Date Purchased
17-AUG-99

Dealer's Name and Telephone Number
HERB CHAMBERS 508-757-7444

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☒

Dealer's City
MILBURY

State
MA

Zip Code
01527

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code

Q21520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
04-AUG-2003

Failure Mileage
33132

Failure Speed
30

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: D0THAL9ABC036)

☐ 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(es).)

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).

MY DURANGO STARTED TO MAKE A LOUD GRINDING NOISE FROM TIME TO TIME. THE DEALERSHIP I TOOK THE CAR TO COULD FIND NOTHING WRONG WITH IT AND WHILE DRIVING HOME AFTER PICKING IT UP THE UPPER BALL JOINT ON THE RIGHT FRONT TIRE FAILED DISCONNECTING THE TIRE FROM THE VEHICLE. MY TRUCK ONLY HAS 33,000 MILES ON IT AND I ONLY DRIVE TO AND FROM WORK. NOT ONLY WAS THE ONE THAT BROKE REPLACED BUT SO WERE THE OTHERS AS THE DEALER SAID THEY WERE ALL SHOWING WEAR. THIS SEEMS TO BE A FACTORY DEFECT AS THESE THINGS SHOULD NOT BE FAILING AT 33,000 MILES. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

25-JUL-2003

Repository ☐Reference No.
10030174**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

25-JUL-2003

Failure Mileage

Failure Speed

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: DOTM13ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE TRAVELING ON THE HIGHWAY AND WITHOUT PRIOR WARNING BOTH UPPER AND LOWER BALL JOINTS SEPARATED FROM DRIVER'S SIDE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
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(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

28-OCT-2003

Repository ☐

Reference No.
10044907

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
23-NOV-2001

Failure Mileage
67255

Failure Speed
30

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)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

WHILE DRIVING 30 MPH DRIVER'S SIDE TIRE COLLAPSED WITHOUT WARNING. DEALER STATED UPPER BALL JOINTS FAILED. *AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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DOT Auto Safety Hotline
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FOR AGENCY USE ONLY 100079

Date Received

06-OCT-2003

Repository ☐Reference No.
10042360**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DURANGO

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARME:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
06-OCT-2003

Failure Mileage

Failure Speed

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: D0THAL5ABC036)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

BOTH SIDES UPPER BALL JOINTS SEPARATED WHILE DRIVING AND A NOISE WAS HEARD COMING FROM THE FRONT. BOTH FRONT TIRES COULD FALL OFF, AND VEHICLE WAS INOPERABLE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 117

Data Received

19-SEP-2001

Repository ☐Reference No.
896541**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B4HS28Z8WFL21251

Make

DODGE

Model

DURANGO

Model Year

1998

Date Purchased

Dealer's Name and Telephone Number

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Vehicle Component Code

021500 SUSPENSION:FRONT:CONTROL ARM

☐ Cruise Control

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
13-SEP-2001

Failure Mileage

Failure Speed

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: 607MAL3ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE PULLING OUT OF PARKING LOT LEFT FRONT BALL JOINT PIPE BROKE OFF. THIS CAUSED TIRE TO COLLAPSE INWARD. VEHICLE COULD NOT MOVE. HAD VEHICLE TOWED OUT OF PARKING LOT. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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FOR AGENCY USE ONLY 100145

Date Received

03-DEC-2003

Repository ☐Reference No.
10044936**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

Evening Telephone Number

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 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1D7GG42M435126919

Make

DODGE

Model

DAKOTA

Model Year

2003

Date Purchased
26-DEC-02Dealer's Name and Telephone Number
DENOOYER DODGE 518 869 0148Engine:
No: Cylinders 8Fuel Type:
GasOriginal Owner
☒Dealer's City
ALBANYState
NYZip Code
12205Transmission Type
AUTOMATIC☐ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code
D20000 SUSPENSION

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
23-JUN-2003Failure Mileage
6000

Failure Speed

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: DOTM1S9ABCJ36)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

AT 6,000 MILES THE UPPER BALL JOINTS FAILED. WHEN RIDING OVER ANY SIZE BUMP IN THE ROAD THE FRONT END COLLAPSED. *AK THE VEHICLE PULLED TO THE RIGHT WHEN DRIVING AND WHEN BRAKING, THE FLAPPER DOOR FOR THE FUEL FILLER NECK WAS MISSING AND OR FELL INSIDE THE TANK, THE TRANSMISSION DID NOT SHIFT PROPERLY, THE FRONT AND REAR ROTORS WERE GROOVED, WORN UNEVEN AND PITTED. *SCC *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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DOT Auto Safety Hotline
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INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

28-JUL-2003

Repository ☐Reference No.
10029328**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

DODGE

Model

DAKOTA QUAD CAB

Model Year

2001

Date Purchased
03-JAN-01

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

AUTOMATIC

☒ Antilock Brakes☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
22-JUL-2003Failure Mileage
53000Failure Speed
3**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: DOTM15ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

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).

I HAVE A 2001 DODGE DAKOTA QUAD CAB 4X4 AND HAD THE PASSENGER SIDE UPPER BALL JOINT FAIL (LUCKY I WAS PULLING INTO A GAS STATION AT THE TIME).

WHY IS IT THAT YOU CANNOT PURCHASE A REPLACEMENT BALL JOINT FROM DODGE (YOU MUST PURCHASE THE WHOLE UPPER CONTROL ARM ASSEMBLY)?AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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U.S. Department
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FOR AGENCY USE ONLY 100148

Date Received

23-JUL-2003

Repository ☐Reference No.
10028932**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number
S/A

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

1B7G62AN11S119634

Make

DODGE

Model

DAKOTA QUAD CAB

Model Year

2001

Date Purchased
10-JUN-01Dealer's Name and Telephone Number
FIRESIDE DODGEEngine:
No: Cylinders 8Fuel Type:
GasOriginal Owner
☐Dealer's City
MODESTOState
CA

Zip Code

Transmission Type
AUTOMATIC☒ AntiLock Brakes
☒ Cruise ControlPowertrain
4 WHEEL DRIVE

Vehicle Component Code

D21540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
03-DEC-2002Failure Mileage
71342Failure Speed
1**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: DOTM15ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ 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;
i.e., parts repaired or replaced (and if old part is available).MY BALLJOINTS SNAPPED WHILE TURNING IN MY SON'S SCHOOL ONE MORNING, RESULTING IN MY FRONT WHEEL AND BRAKE ASSEMBLY
FALLING OFF COMPLETELY FROM MY 2001 DODGE DAKOTA 4X4 TRUCK IN DECEMBER 2002. I HAD 1000 MILES PASSED FACTORY WARRANTY

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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 (1-888-327-4236)
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FOR AGENCY USE ONLY 1375

Date Received

29-JUL-2003

Repository ☐Reference No.
10031443**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 7/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

DODGE

Model

DAKOTA

Model Year

2001

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

Failure Speed

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: 00TMA19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

WHILE DRIVING PASSENGER'S FRONT TIRE SEPARATED FROM VEHICLE WITHOUT WARNING. DEALER DIAGNOSED CAUSE AS DEFECTIVE UPPER BALL JOINT.*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

01-AUG-2003

Repository ☐Reference No.
10022385**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B7GG2AX15L58063

Make

DODGE

Model

DAKOTA

Model Year

2001

Date Purchased
26-OCT-00Dealer's Name and Telephone Number
BOB NOVICK 856 451 0095Engine:
No. Cylinders 6

Fuel Type:

Original Owner
☒Dealer's City
BRIDGETONState
NJZip Code
08302Transmission Type
AUTOMATIC☒ Antilock Brakes
☒ Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
04-JUN-2003Failure Mileage
79472

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1SABC036)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

WHILE TRAVELING 25 MPH PULLING INSIDE OF A PARKING LOT, THE RIGHT SIDE WHEEL ASSEMBLY BROKE OFF. *AK WHILE MAKING A TURN INTO A PARKING LOT, THE COMPLETE RIGHT SIDE FRONT WHEEL ASSEMBLY UPPER ARM, AXLES, AND ALL OTHER COMPONENTS OF THE FOUR WHEEL DRIVE ASSEMBLY HAD FALLEN OFF, AND CAUSED THE BRAKE LINE TO BREAK OFF. CHRYSLER ACCEPTED NO RESPONSIBILITY. THE MAIN FACTOR WAS FAILURE OF THE UPPER BALL JOINT WHICH WAS A SEALED UNIT. *SCC *JB

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.



U.S. Department
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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 252

Date Received

25-MAR-2003

Repository ☐Reference No.
10012491**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 INFORMATION17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
PLEASE FILL INMake
DODGEModel
DAKOTAModel Year
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:
No. CylindersFuel Type:
GasOriginal Owner ☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S) / PART(S) INFORMATIONIncident Date(s)
25-MAR-2003

Failure Mileage

Failure Speed
30**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)

☐ 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(es).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

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).

THE LOWER BALL JOINT SNAPPED IN HALF. *JB

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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 335

Date Received

08-SEP-2003

Repository ☐

Reference No.
10038371

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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 1 / 1 /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1B7GL22XLYS564283

Make

DODGE

Model

DAKOTA

Model Year

2000

Date Purchased

Dealer's Name and Telephone Number

Engine

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

60280

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: DOTM1S9ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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; i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING AT 20 MPH DRIVER BEGAN TO HEAR CLICKING NOISE COMING FROM STEERING WHEEL. STEERING WHEEL HAD A LOT LOOSE CONTROL, AND THE FRONT RIGHT WHEEL WAS TURNING, BUT THE LEFT FRONT WHEEL BUCKLED UNDER VEHICLE. TIRES WERE WEARING PREMATURELY DUE TO UPPER BALL JOINT FAILURE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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

22-JUL-2003

Repository ☐Reference No.
10028798

OWNER INFORMATION (Type or Print)

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B7GL22N2YS527922

Make

DODGE

Model

DAKOTA

Model Year

2000

Date Purchased
07-NOV-99Dealer's Name and Telephone Number
BREVARD DODGE 321-268-8970Engine;
No: Cylinders 6Fuel Type;
GasOriginal Owner
☒Dealer's City
TITUSVILLEState
FLZip Code
32780Transmission Type
AUTOMATIC☒ Anti-lock Brakes
☒ Cruise ControlPowertrain
REAR WHEEL DRIVE

Vehicle Component Code

021540 SUSPENSION:FRONT:CONTROL ARM:LOWER BALL JOINT

Multiple Failures: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
15-MAR-2001Failure Mileage
1100Failure Speed
55

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: DOTM15ABC036)

☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

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; i.e., parts repaired or replaced (and if old part is available).

2000 DODGE DAKOTA, 4.7L 400T TRANSMISSION/UPPER CONTROL ARM BALL JOINT ASSEMBLY DEFECTIVE. REPLACED AT 1,100 MILES, LOWER CONTROL ARM ASSEMBLY BALL JOINT CAME APART AT 9,200 WHEEL CAME OFF. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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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-JUL-2003

Repository ☐
Reference No.
10029309

OWNER INFORMATION (Type or Print)

Name
Address
City State Zip Code

Daytime Telephone Number
Evening Telephone Number
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
1B7GG22N5Y5719145

Make DODGE Model DAKOTA Model Year 2000

Date Purchased 15-MAY-99 Dealer's Name and Telephone Number
Engine: No. Cylinders 8 Fuel Type: Gas

Original Owner ☒ Dealer's City State Zip Code

Transmission Type ☐ Antilock Brakes ☐ Powertrain
AUTOMATIC ☒ Cruise Control 4 WHEEL DRIVE

Vehicle Component Code
021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT
Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAY-2003 Failure Mileage 89000 Failure Speed 5

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: DOTM1SABC036) ☐ 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), condition(s), and injury(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured 0 Number of Deaths 0 Reported to Police 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).

THE UPPER DRIVER SIDE BALL JOINT SEPARATED. THE MALE END OF THE BALL JOINT CAME APART FROM THE FEMALE PART. DODGE, UNDER MY EXTENDED WARRANTY REPLACED ALL 4 BALL JOINTS AND THE TWO UPPER CONTROL ARMS. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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U.S. Department
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National Highway
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DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100146

Date Received

18-DEC-2003

Repository ☐Reference No.
10050740**OWNER INFORMATION (Type or Print)**

Name

Address

City

State

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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

1B7GG22N2YS631681

Make

DODGE

Model

DAKOTA

Model Year

2000

Date Purchased
23-DEC-99

Dealer's Name and Telephone Number

Engine:

No: Cylinders 8

Fuel Type:

Gas

Original Owner

☒

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC☒ Antilock Brakes
☒ Cruise ControlPowertrain
4 WHEEL DRIVE

Vehicle Component Code

021520 SUSPENSION: FRONT: CONTROL ARM: UPPER BALL JOINT

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATIONIncident Date(s)
19-SEP-2003Failure Mileage
56458Failure Speed
40**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: DOTMALSABC036)

☐ 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), Example(s), and Injury(ies).)

Crash

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

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).

2000 DODGE DAKOTA FRONT LEFT BALL JOINT BROKE, CAUSING THE WHEEL TO FALL OFF.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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 1367	
		Date Received 12-JAN-2004	Repository <input type="checkbox"/> Reference No. 10053808
OWNER INFORMATION (Type or Print)		Daytime Telephone Number	
Name		E-mail Address	
Address		Evening Telephone Number	
City	State	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 1B7GG22N4Y5626715		Make DODGE	Model DAKOTA
Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Model Year 2000
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type AUTOMATIC	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain Vehicle Component Code 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage 72000	Failure Speed	
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: DOTM49ABC036)	<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 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		Reported to Police 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(s), i.e., parts repaired or replaced (and if old part is available). THE LEFT FRONT WHEEL SEPARATED AND CAME OFF WHILE DRIVING. THIS WAS DUE TO PREMATURE WEAR OF THE BALL JOINTS BECAUSE OF POOR LUBRICATION. THE PART WAS REPLACED, BUT CURRENTLY THEY WERE LOOSE. *AK			
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.			



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

DOT Auto Safety Hotline
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1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received
10-DEC-2003

Repository ☐
Reference No.
10050383

OWNER INFORMATION (Type or Print)

Name
Address
City State Zip Code

Daytime Telephone Number
Evening Telephone Number
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
1B7GG2AN6Y5756366

Make DODGE Model DAKOTA Model Year 2000

Date Purchased Dealer's Name and Telephone Number
Engine No: Cylinders Fuel Type:

Original Owner ☒ Dealer's City State Zip Code

Transmission Type ☐ Antilock Brakes ☐ Cruise Control ☐ Powertrain
Vehicle Component Code
021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage 42000
Failure Speed

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) ☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ No
Number of Persons Injured Number of Deaths Reported to Police

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).

CONSUMER COMPLAINED ABOUT A BALL JOINT PROBLEM. THE WHEEL SEPARATED FROM THE VEHICLE WHILE IT WAS TURNING INTO A SERVICE STATION. *AK

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.