



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

FDR AGENCY USE ONLY 1375

Date Received

Repository

11-JUL-2003

Reference No.

10027085

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Address: [Redacted]
 City: COLUMBIA State: MO Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to publish your name and address to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, your name or address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 7/29/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1B3ES17C06D318596
 Make: DODGE Model: NEON Model Year: 1995
 Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine: [Redacted] Fuel Type: [Redacted]
 Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Transmission Type: Automatic Manual Other
 Powertrain: [Redacted] Vehicle Component Code: D51000 ENGINE AND ENGINE COOLING: ENGINE
 Multiple Failures: 1

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: [Redacted] Failure Speed: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]
 DOT No. (Example: DOTM19ABC036): [Redacted] Original Equipment Prior Repair Failure Location: [Redacted]
 Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
 Seat Type: [Redacted] Installation System: [Redacted]
 Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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 THAT VEHICLE STALLS INTERMITTENTLY WHEN DRIVING, CREATING A SAFETY HAZARD FOR OTHER VEHICLES. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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 to support the agency's action.