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: 2003 AUG 26 PM 1: 01-AUG-2003	Repository ☐
	Reference No.: 10031813

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number: [redacted]	E-mail Address: [redacted]
City: MOUNT LAUREL	State: NJ	Zip Code: [redacted]	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 [redacted] *your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 8/13/03

VEHICLE INFORMATION

17-digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1P3ES46C31D304006	PLYMOUTH	NEON	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
8-4-01	Mull Chrysler - 856 722 0769			No. Cylinders: 4	Injecting
Original Owner ☒	Dealer's City: Maple Shade	State: NJ	Zip Code: 08052		

Transmission Type			Vehicle Component Code
Auto	☐ Antilock Brakes ☐ Cruise Control	Powertrain	030000 SERVICE BRAKES, HYDRAULIC
			Multiple Failure: 1 - 2. RTAPS WARPED

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
M24/03	13000		

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: DOTMAL9ABC036)	☐ 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			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).

WHEN VEHICLE IS AT A COMPLETE STOP AND FOOT IS REMOVED FROM THE BRAKE PEDAL, AND WITHOUT DEPRESSING THE ACCELERATOR PEDAL, VEHICLE SURGES FORWARD BY ITSELF. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY