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	Repository ☐
2005 NOV 15 AM 8:55 28-SEP-2005	Reference No. 10137577

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City —FINGER— SANGER	State CA	Zip Code	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of a[illegible] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/07/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number (Located at bottom of windshield on driver's side)	Make	Model	Model Year
1B3ES26[redacted]	DODGE	NEON	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
05-OCT-04	Auto Shopper Ameritа (559) 226-1669			No. Cylinders 4	Gas
Original Owner ☐	Dealer's City FRESNO	State CA	Zip Code 93726		

Transmission Type			Vehicle Component Code
MANUAL	☒ Antilock Brakes ☐ Cruise Control	Powertrain: FRONT WHEEL DRIVE	012200 STEERING:COLUMN LOCKING:ANTI-THEFT DEVICE Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-NOV-2004	23237		

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).

DT: THE VEHICLE SHUTS DOWN COMPLETELY WHILE DRIVING AND THE STEERING LOCKED. ALSO, THE HAZARD LIGHTS WILL NOT COME ON. THIS WAS THE THIRD TIME THIS HAPPENED IN A TEN MONTH SPAN. THE FIRST TIME THIS HAPPENED WAS ON NOVEMBER 15, 2004, THE SECOND TIME IT HAPPENED WAS MARCH 23, 2005, AND ON SEPTEMBER 25, 2005. TOOK THE VEHICLE TO THE DEALER TWICE, AND THEY HAVE REPLACED THE BATTERY TWICE. THERE WAS NO FOREWARNING, NO NOISE, AND NO WARNING LIGHTS. *AK

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