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 ☐
23-JUN-2006	Reference No. 10160577

OWNER INFORMATION (Type or Print)

Name			
Address		Daytime Telephone Number	E-mail Address
City WAVERLY	State OH	Zip Code	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 7/16/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1P3ES22C4	PLYMOUTH	NEON	1996

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
17-JUN-06				No: Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	150000 SEAT BELTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-JUN-2006	116000		

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	1	0	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).

DT: THE CONTACT STATED DURING AN ACCIDENT THE DRIVER'S SIDE SEAT BELT FAILED TO RETRACT. AS A RESULT INJURIES WERE SUSTAINED. THE CONTACT HIT AN EMBANKMENT AND WHILE ATTEMPTING TO EXIT THE VEHICLE IT WAS NOTICED THE SEATBELT HAD WRAPPED AROUND THE CONTACT'S LEGS. THE DEALERSHIP AND MANUFACTURER HAVE NOT BEEN ALERTED. THE POLICE WERE ALERTED AND A REPORT WAS FILED.

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

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

Upon crash, setbelt held to restrain driver (myself) which caused considerable amount of damage to chest, neck and (b) leg.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

Think your vehicle has a safety defect?

If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline

888-327-4236

www.nhtsa.dot.gov
nhtsa
people saving people

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