OCT - 5 2009

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 ☐
10-JUL-2009	Reference No. 10276319

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City CANAL FULTON	**State** OH	**Zip Code** [redacted]	

Do you authorize NHTSA to provide a copy of this ... anufacturer of your vehicle? ☑ YES ☒ NO
In the absence of a ... ur name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 9/29/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1B3ES27C6VD[redacted]	DODGE	NEON	1997

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
6-23-06	EAST CANTON USED CARS	4	
Original Owner ☐	Dealer's City / State / Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
AUTO	☐ Antilock Brakes ☐ Cruise Control	Powertrain		02-JUL-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 070000 FUEL SYSTEM, GASOLINE, 071110 FUEL SYSTEM, GASOLINE: STORAGE: TANK ASSEMBLY: FILLER PIPE AND CAP	Failure Mileage	Failure Speed
	120000	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: 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	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).

TL*THE CONTACT OWNS A 1997 DODGE NEON. WHILE PLACING FUEL INTO THE VEHICLE, THE FILLER TUBE FELL TO THE GROUND AND CAUSED GASOLINE TO LEAK ONTO THE GROUND. THE DEALER STATED THAT THERE WAS NO RECALL AND THE VEHICLE WAS TAKEN TO A REPAIR SHOP. THE MECHANIC STATED THAT THE FILLER TUBE WAS RUSTED OUT. THE MECHANIC REPLACED THE FILLER TUBE AND THE VEHICLE HAS BEEN PERFORMING NORMALLY. THE VIN WAS UNKNOWN. THE FAILURE MILEAGE WAS 120,000 AND CURRENT MILEAGE WAS 130,000.

THIS REPAIR WAS MADE BY EDDIE'S AUTO, 4558 HAMETOWN RD
DH330-825-9240 NORTON OH
HOWEVER THIS REPAIR SHOP WAS NOT ABLE TO ~~LOCATE~~ LOCATE
SALES RECEIPT AND I HAVE LOST MY COPY. BILL WAS APPROX. $250.

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

EDDIE`S AUTO BODY
4508 S.HAMETOWN RD
NORTON, OHIO 44203
phone: 330-825-9240 / fax: 330-825-9245

[redacted]

CUSTOMER INVOICE # 90710030 07/13/09

plate: [redacted] L4 2.4L 148ci 2 mileage
1997 PLYMOUTH BREEZE SEDAN
vin#

, 44203 Home: Work: Cell: Fax:

INSURANCE SUMMARY

POLICY NUMBER: CLAIM NUMBER: DEDUCT: 0
AA-SHOP RATES 0
<-bus <-fax

Operation	Description	Qty	Price	Labor	Paint
	FUEL TANK				
Replace	Tube, Filler		231.00	0.6 mechanical	

COLLISION SUMMARY

COLLISION LABOR	RATE	Hrs		ESTIMATE
MECHANICAL	65.00	0.60		39.00
LABOR TOTAL		**0.60**		**39.00**
GLASS		0.00	BASE	0.00
PARTS		231.00	BASE	231.00
PARTS & GLASS				**231.00**

This estimate is based on a visual inspection and does not include concealed damage which may be found after repairs are started.

Three year warranty on all workmanship, excluding rust repair.

Any vehicle not paid in full after seven days of completion will accumulate a daily storage charge.

PARTS & LABOR	270.00
TAX (6.500%)	17.55
TOTAL	**287.55**

Paid CK

Paid J# [redacted]

STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION

PLATE NO.: [redacted] **REG. DATE:** 04/30/2009 **EXP. DATE:** 04/30/2010 **ISSUE DATE:** 04/14/2009
VALIDATION NO.: [redacted]
OWNER NAME: [redacted] **VEHICLE OWNERSHIP:** SINGLE
OWNER ADDR.: [redacted]
CITY: CANAL FULTON
STATE OH **ZIP:** [redacted]
TAX DISTRICT: LAWRENCE TOWNSHIP
COUNTY: STARK
INSIDE CORP LIMIT: NO
VEHICLE YEAR: 1997
BODY TYPE: 4S

APP NO.: 913360BP
AGENCY: 7619
USER ID: SK
OLD APP NO.: 858649BC
OLD PLATE: [redacted]

VEHICLE CLASS: PASSENGER
ODOMETER READING: 125,234
MAKE: DODG

CERTIFICATE TITLE NO.: [redacted]
VEH. SERIAL NO.: 1B3ES27C6VD[redacted]
PURCHASE DATE: 06/23/2006
USED

PLATE TYPE: BICENTENNIAL
REG TYPE: RENEWAL
SUSPENSION/REVOCATION: NO
PRIOR OPERATION: YES
FEES PAID: YES

STATE FEES:	$31.00
LOCAL TAX:	$15.00
REFL./CO. FEE:	$0.00
DEPUTY FEE:	$3.50
TOTAL FEES:	$49.50

- In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- PROOF OF COVERAGE IS REQUIRED: Whenever a police officer issues a traffic ticket*At all vehicle inspection stops*Upon traffic court appearances*Upon random checks by the Registrar of Motor Vehicles.
- ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL: Lose his or her driver license for 90 days on first offense, one year on second offense* Lose his or her license plates and vehicle registration*Pay reinstatement fees of $75.00 on first offense, $250.00 for second offense, and $500.00 on any additional offense*Pay a $50.00 penalty for any failure to surrender his or her driver license, license plates or registration AND*Be required to maintain special FR coverage ("High-risk" insurance or equivalent) on file with the Bureau of Motor Vehicles for THREE or FIVE YEARS.
- ONCE THIS SUSPENSION IS IN EFFECT: Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above, you may have*A SECURITY SUSPENSION for TWO YEARS or more and*A JUDGEMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW. WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.
- WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:*AN INSURANCE POLICY showing automobile liability insurance of at least $12,500 bodily injury per person, $25,000 injury two or more persons, and $7,500 property damage*AN INSURANCE IDENTIFICATION CARD (same coverage)*A SURETY BOND OF $30,000 issued by any authorized surety company or insurance company*A BMV BOND SECURED BY REAL ESTATE having equity of at least $60,000*A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of $30,000 on deposit with the Ohio Treasurer of State*A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

PROOF OF FINANCIAL RESPONSIBILITY

I affirm that all owners (or lessees of leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage; all previous registration fees due have been paid; this plate category is correct; and this vehicle will not be used as a commercial or farm vehicle unless so registered.

By signing below I agree to and attest that all the above is true and accurate,

X *SIGNATURE ON FILE*

SIGNATURE OF OWNER(S) DATE

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2913.42.
APPLICATION MUST BE SIGNED BY THE OWNER(S) AS NAMED ON CERTIFICATE OF TITLE.

DO NOT DISCARD.
THIS IS YOUR VEHICLE REGISTRATION CERTIFICATE.

BMV5701 08/05 Printed on: 4/14/2009 3:21:47 PM **CUSTOMER COPY**

STATE OF OHIO - BUREAU OF MOTOR VEHICLES
CERTIFICATE OF REGISTRATION

PLATE NO.: [redacted] **REG. DATE:** 07/15/2009 **EXP. DATE:** 07/14/2010 **ISSUE DATE:** 07/15/2009

VALIDATION NO.: [redacted]

OWNER NAME: [redacted]

OWNER ADDR.: [redacted]

CITY: CANAL FULTON

STATE OH **ZIP:** [redacted]

TAX DISTRICT: LAWRENCE TOWNSHIP

COUNTY: STARK

INSIDE CORP LIMIT: NO

VEHICLE YEAR: 1997

BODY TYPE: 4S

VEHICLE CLASS: PASSENGER

ODOMETER READING: 94,560

MAKE: PLYM

CERTIFICATE TITLE NO.: [redacted]

VEH. SERIAL NO.: 1P3EJ46C3VN[redacted]

PURCHASE DATE: 06/15/2006

USED

PLATE TYPE: SUNBURST

REG TYPE: DUPLICATE

SUSPENSION/REVOCATION: NO

PRIOR OPERATION: NO

FEES PAID: NO

VEHICLE OWNERSHIP: SINGLE

APP NO.: 481236BT

AGENCY: 7635

USER ID: JS

OLD APP NO.: 596188BT

OLD PLATE: [redacted]

STATE FEES:	$1.00
LOCAL TAX:	$0.00
REFL./CO. FEE:	$0.00
DEPUTY FEE:	$3.50
TOTAL FEES:	$4.50

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