

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received APR 26 2010 12-MAR-2010	Repository <input type="checkbox"/> Reference No. 10319237
OWNER INFORMATION (Type or Print)			
Name [REDACTED]		Daytime Telephone Number [REDACTED]	
Address [REDACTED]		E-mail Address [REDACTED]	
City LISLE	State NY	Zip Code [REDACTED]	
<p>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1B3E556C44D [REDACTED]		Make DODGE	Model NEON
Date Purchased	Dealer's Name and Telephone Number HOME TOWN AUTO CTR / 607-625-5479	Engine: No: Cylinders 4	Model Year 2004
Original Owner <input type="checkbox"/>	Dealer's City Apalachin	State NY	Fuel Type: GAS unleaded
Transmission Type Standard	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 16-NOV-2009
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 010000 STEERING		Failure Mileage 93000	Failure Speed 30
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: DOTM49ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
Reported to Police N			
<p>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).</p> <p>TL* THE CONTACT OWNS A 2004 DODGE NEON. WHILE DRIVING 30 MPH WITH THE HEADLIGHTS ILLUMINATED, THE FOG LIGHTS SUDDENLY ILLUMINATED WITHOUT WARNING. THE STEERING WHEEL BEGAN TO EMIT SMOKE AND BECAME UNUSUALLY HOT IN TEMPERATURE. SHE WAS ABLE TO DRIVE THE VEHICLE HOME; HOWEVER, A BURNING SMELL FILLED THE CABIN OF THE VEHICLE. THE DEALER WAS CONTACTED AND STATED THAT EITHER THE WIRING HARNESS OR THE MULTI-FUNCTION SWITCH HAD FAILED. THERE WERE NO RECALLS FOR THE FAILURE AND THE VEHICLE WAS NOT REPAIRED WHEN THE COMPLAINT WAS FILED. THE FAILURE MILEAGE WAS 93,000 AND THE CURRENT MILEAGE WAS 97,000.</p>			
<p>Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.</p>			
<p>The Privacy Act of 1974-Public Law 93-579 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 in support of the agency's action.</p>			