

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration
**DOT Auto Safety Hotline  
Vehicle Owner's Questionnaire (VOQ)**
**NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline**
**FOR AGENCY USE ONLY 258**

Data Received

01-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

719509

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES27C7TD540813	DODGE	NEON	1996	

Purchase Date <b>01-DEC-1995</b>	Dealer's Name _____	Engine Size (CID/CYL SOHC 4)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 06540000 06610001 09530000	Part Name(s) EXHAUST GAS RECIRCULATION VALVE (EGR VALVE) EXHAUST SYSTEM/MANIFOLD/OXYGEN SENSOR COMMUNICATIONS:HORN ASSEMBLY:HORN	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures <b>50</b>	Date(s) of Failure(s) <u>01-NOV-1999</u> Mileage at Failure(s) <u>85000</u> Vehicle Speed at Failure(s) <u>10</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICATION INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

IT WOULD BE NEXT TO IMPOSSIBLE TO DESCRIBE EACH PROBLEM. ALL PROBLEMS THAT I HAVE LISTED ARE COMPLETELY TRUE. I CAN SAY WITH COMPLETE CERTAINTY THAT THE PROBLEMS OCCURRED AFTER THE 75000 MILE WARRANTY I BOUGHT WAS OVER WITH THE EXCEPTION OF THE EGR VALVE WHICH THE DEALER REPLACED JUST TO HAVE IT FAIL AGAIN. ALSO THE DEALER REPLACED THE O2 SENSOR WHICH AGAIN IS FAILING AGAIN. THE HORN/AIRBAG SENSOR WAS ALSO REPLACED BY THE DEALER. PLEASE NOTE THAT ALL REPAIRS BY THE DEALER WAS (A) BEFORE THE WARRANTY HAD EXPIRED, AND (B) I HAD TO CALL CHRYSLER AND COMPLAIN JUST TO HAVE THOSE THINGS FIXED. I HAVE HAD THE CAR CHECKED BY AN AUTHORIZED DEALER SO I KNOW THESE PROBLEMS TO EXIST. THE DEALER, INSTEAD OF FIXING MY CAR, WHICH THEY WON'T DO, THEY TRIED TO GET ME TO TRADE I

CONTINUED ON BACK PLEASE

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.