



U.S. Department of Transportation

National 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 28-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 732709	

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 drivers side)</small> 3B3ES47C5TT204616	Vehicle Make DODGE	Vehicle Model NEON	Vehicle Year 1996	Current Odometer Reading
---	------------------------------	------------------------------	-----------------------------	--------------------------

Purchase Date 01-DEC-1995	Dealer's Name _____	Engine Size (CID/CC/L) 2.0L	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 _____
--	---	--	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08400000	Par. Name(s) ELECTRICAL SYSTEM:FUSE AND FUSE RECEPTICLE	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 4	Date(s) of Failure(s) 26-SEP-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) 70600	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 25			

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
---	---	---------------------------	----------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I HAVE TAKEN ME NEON IN THREE TIMES THIS MONTH FOR THE SAME PROBLEM. THE FIRST TIME THEY COULD NOT FIND AS TO WHY THE FUSE FOR THE FULE PUMP BLEW BECAUSE THE COMPUTER DID NOT FIND ANYTHING WRONG WITH THE CAR. THE DEALER DID TELL ME THAT IT IS HARD TO LOCATE ELECTRICAL PROBLEMS. I UNDERSTAND THAT, BUT IT HAPPEN AGAIN TWO TIMES IN ONE DAY. I AGAIN TOOK MY CAR INTO THE DEALER AND THIS TIME THEY SAID THAT THE ONLY THING ON THIS FUSE IS THE FUEL PUMP AND SUGGESTED THAT IT WAS GOING BAD. SO, WE REPLACED IT AND THEN IT HAPPEN AGAIN. AT THIS POINT I AM VERY CONCERNED BECAUSE I JOB COACH AND DRIVE MY CAR ALL DAY TO AND FROM DIFFERENT CLIENTS JOB SITES AS WELL AS TRANSPORT THEM TO AND FROM WORK. THIS CONCERNS ME GREATLY DU TO THE FACT THAT WITH SOME OF THEM I MUST DRIV

CONTINUED ON BACK (REVERSE)

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.



U.S. Department of Transportation

National 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 28-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 732709	

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 drivers side)</small> 3B3ES47C5TT204616	Vehicle Make DODGE	Vehicle Model NEON	Vehicle Year 1996	Current Odometer Reading
---	------------------------------	------------------------------	-----------------------------	--------------------------

Purchase Date 01-DEC-1995	Dealer's Name _____	Engine Size (CID/CC/L) 2.0L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
--	---	--	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08400000	Par. Name(s) ELECTRICAL SYSTEM:FUSE AND FUSE RECEPTICLE	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 4	Date(s) of Failure(s) 26-SEP-2000 Mileage at Failure(s) 70600 Vehicle Speed at Failure(s) 25	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
---	---	---------------------------	----------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I HAVE TAKEN ME NEON IN THREE TIMES THIS MONTH FOR THE SAME PROBLEM. THE FIRST TIME THEY COULD NOT FIND AS TO WHY THE FUSE FOR THE FULE PUMP BLEW BECAUSE THE COMPUTER DID NOT FIND ANYTHING WRONG WITH THE CAR. THE DEALER DID TELL ME THAT IT IS HARD TO LOCATE ELECTRICAL PROBLEMS. I UNDERSTAND THAT, BUT IT HAPPEN AGAIN TWO TIMES IN ONE DAY. I AGAIN TOOK MY CAR INTO THE DEALER AND THIS TIME THEY SAID THAT THE ONLY THING ON THIS FUSE IS THE FUEL PUMP AND SUGGESTED THAT IT WAS GOING BAD. SO, WE REPLACED IT AND THEN IT HAPPEN AGAIN. AT THIS POINT I AM VERY CONCERNED BECAUSE I JOB COACH AND DRIVE MY CAR ALL DAY TO AND FROM DIFFERENT CLIENTS JOB SITES AS WELL AS TRANSPORT THEM TO AND FROM WORK. THIS CONCERNS ME GREATLY DU TO THE FACT THAT WITH SOME OF THEM I MUST DRIV

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.