



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 258

Date Received

06-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

742002

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>(Locate at bottom of and/or above driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1B3ES47C3TD592144 | DODGE | NEON | 1996 | | | |
| Purchase Date 01-APR-2097 | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | | | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 05150040 08310000 08530002 | Part Name(s) ENGINE:OIL FILTER/BRACKET ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD ELECTRICAL SYSTEM:IGNITION:COIL | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failure 1 | Date(s) of Failure(s) 29-FEB-2000 49208 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Mileage at Failure(s) 40 | | |

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 0 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|--------------------------|---|

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

CAR WAS SERVICED FOR OIL/FILTER CHANGE, 4 CYLINDER TUNE UP, TRANSMISSION SERVICE ON FEBRUARY 29, 2000. DURING RUSH HOUR TRAFFIC VEHICLE STALLED. CALLED DEALER TO INFORM THEM OF SITUATION. TOWING SERVICE WAS CALLED. WAITED ONE HOUR FOR TOW TRUCK. VEHICLE RESTARTED AND WAS DRIVING TO OWNER'S RESIDENCE. CALLED TOWING SERVICE AGAIN ON THE MORNING OF MARCH 1, 2000. VEHICLE WAS TOWED TO HENDRICK DODGE. VEHICLE WAS DIAGNOSED AS HAVING A MALFUNCTIONING IGNITION COIL. COIL WAS REPLACED ON MARCH 1, 2000. OWNER PICKED UP VEHICLE ON THE AFTERNOON ON MARCH 1, 2000. VEHICLE STALLED AGAIN WITHIN 5 MILES OF THE HENDRICK DODGE. TOWING SERVICE WAS CALLED AGAIN. VEHICLE WAS TOWED BACK TO HENDRICK DODGE. DEALERSHIP DIAGNOSED THE PROBLEM AS BEING A FAULTY WIRING HARNES AND CAM/CRANK

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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.