Form Approved: OMB No. 2127-0042

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: 20-APR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 744321

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1P3ES47Y3XD102026	PLYMOUTH	NEON	1999	

Purchase Dat		Engine Size	
01-FEB-1999	Dealer's Name_____	(CID/CC/L ____	☐ Turbo
☒ New ☐ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06130000	FUEL:FUEL LINES FITTINGS AND PUMP	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
1	15-DEC-1999	17500 0	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☒ Yes ☐ No	1	0		☒ Yes ☐ No

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

WHILE SITTING IN THE VEHICLE AFTER DRIVING 1.5 MI TO GET A SUNDAY PAPER, WITH THE IGNITION OFF, THE ENGIINE BURST INTO FLAMES. I USED TWO ABC EXTINGUISHERS TO PUT THE FIR E OUT BUT IT QUICKLY DROPPED BELOW THE ENGINE AND HEADED FOR THE GAS TANK. 911 WAS CALLED AND THE FIRE DEPT EXTINGUISHED THE FIRE. POLICE ALSO ARRIVED AND MADE OUT A REPORT. I WAS TOLD BY MY INSURANCE AGENT THAT I HAD "ONE OF THOSE NEONS" THAT ALLEGEDLY RAN THE FUEL LINE ALONG OR IN CLOSE PROXIMITY TO THE EXHAUST MANIFOLD, CONNECTED IN LOCATIONS BY PLASTIC CONNECTORS, ONE WHICH APPARENTLY MELTED, CAUSING GASOLINE TO SPRAY ON AN EXHAUST COMPNENT CAUSING THE FIRE.R INTENT TO HAVE A LONG TERM INVESTMENT IN THE NEON. MY WIFE IS HANDICAPPED, THIS WAS HER VEHICLE TO MAKE HER DOCTOR APPOINTMENTS IN AND GO TO MEETINGS

CONTINUE ON A SEPARATE SHEET