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: 28-MAY-2001

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

Reference No.: 746003

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1B3ES46COYD502568	DODGE	NEON	2000	

Purchase Dat		Engine Size	
01-MAR-1999	Dealer's Name_____	(CID/CC/L 2.0L	☐ 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 Utl ☐ 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
05150021	ENGINE:GASKETS:VALVE COVER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure		Failed Part(s)	NHTSA Previously
2	Date(s) of Failure(s) 20-OCT-2000 50000 Mileage at Failure(s) 15	☐ 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	0	0		☒ Yes ☐ No

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

THE COMPLAINTS THAT I HAVE FOR THE AIR BAGS, SEAT BELTS AND BRAKES THE SAME PROBLEMS OCCURED DURING ANOTHER ACCIDENT ON JANUARY 16, 2001. DURING BOTH ACCIDENTS I WAS PRESSING ON MY BRAKES AND IT SEEMED AS IF THE CAR WOULD NOT STOP. AT THE TIME OF IMPACT THE SEAT BELTS DID NOT CATCH AND THE AIR BAGS DID NOT DEPLOY. THE ACCIDENT THAT OCCURED ON JANUARY 16, 2001, BECAUSE THE SEAT BELT DID NOT CATCH AND THE AIR BAG DID NOT DEPLOY I WAS INJURED WHEN MY HEAD IMPACTED THE WINDSHIELD. I INFORMED THE DODGE CORPORATION OF THE PROBLEMS AND ALL I WAS TOLD IS THAT THERE IS NOT A RECALL ON MY CAR. I NOTICED THAT THE HEADGASKETS BEGAN LEAKING APPROXIMATELY A MONTH AGO, I CONTACTED THE DEALERSHIP ABOUT A WEEK AGO AND WAS TOLD IT WOULD TAKE ABOUT $700.00 IN REPAIRS. I CALLED SEVERAL OTHER GAR

CONTINUED ON REVERSE