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: 19-JUN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 763248

[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 on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1P3ES42C0XD132323	PLYMOUTH	NEON	1999	

Purchase Dat: 01-NOV-2099 ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 2.5 L
No Cylinders _____

☐ Turbo ☐ 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 06300000	ENGINE:GASKETS:VALVE COVER FUEL:FUEL INJECTION SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
2	18-JUN-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 39000		
	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	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)

I BOUGHT MY NEON NEW. IN THREE YEARS THE HEAD GASKET WENT AND I AM HAVING PROBLEMS WITH THE FUEL INJECTION SYSTEM AND GAS TANK. DEALER SAYS BAD BATCH OF GAS HAS RUSTED OUT INSIDE OF GAS TANK AND FUEL INJECTION SYSTEM IS ALSO DAMAGED. I AM NOT A MECHANIC BUT TO ME THIS SOUNDS VERY EXTREME. I WOULD GREATLY APPRECIATE ANY HELP YOU COULD BE TO ME . THANK YOU FOR YOUR TIME AND EFFORT. SINCERLY, ROBERT LIPLES.*AK

CONTINUE OTHER SIDE IF NEEDED

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OWNER INFORMATION (Type or Print)

ROBERT LIPLES 760523
218 APPLETREE LN.
CLARKS SUMMIT PA 18411

Work Number
Home Number 570 585 7931

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Signature of Owner _____ **Date**____/____/____

VEHICLE INFORMATION

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1P3ES42C0XD132323	GOODYEAR	GOODYEAR	1900	

Purchase Dat: 01-NOV-2099
☒ New ☐ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L 2.5 L
No Cylinders _____
☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injectio

Transmission Type: ☐ Manual ☐ Automatic

Antilock Brakes: ☐ Yes ☒ No

Restraint System: ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☒ 2-Point Bel

Cruise Contro: ☐ Yes ☐ No

Drive Trai: ☒ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle

Body Style: ☒ 2-Door ☐ 4-Door ☐ Stationwagon