



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

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

763248

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 at bottom of and/or driver's door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1P3ES42C0XD132323	PLYMOUTH	NEON	1999	

Purchase Date 01-NOV-2099	Dealer's Name _____	Engine Size (CID/CC/L) <u>2.5 L</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☒ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021 06300000	Part Name(s) ENGINE:GASKETS:VALVE COVER FUEL:FUEL INJECTION SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure 2	Date(s) of Failure(s) <u>18-JUN-2002</u>	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) <u>39000</u>		
	Vehicle Speed at Failure(s) <u>25</u>		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Estimated Property Damag <u>0</u>	Reported to Police ☐ Yes ☒ No
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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 ON 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.



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Reference No.

763248

Work Number

Home Number 570 585 7931

OWNER INFORMATION (Type or Print)

ROBERT LIPLES 760523
218 APPLETREE LN.
CLARKS SUMMIT PA 18411

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Locate at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1P3ES42C0XD132323	GOODYEAR	GOODYEAR	1900	

Purchase Date

01-NOV-2009

Dealer's Name _____

Engine Size

(CID/CC/L) 2.5 L

No Cylinders _____

☐ Turbo☐ Diesel☐ Gas☒ Fuel Injectio☒ New ☐ Used

City _____ State _____ Zip Code _____

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☐ Yes☐ 3-Point Belt☐ Motorbelt☐ Yes☒ Front☐ Car☐ Sport Ult☒ 2-Door☐ Automatic☒ No☐ Driverside Airbag☒ 2-Point Bel☐ No☐ Rear☐ Van☐ Truck☐ 4-Door☐ Minivan☐ Motorcycle☐ Stationwagon☐ Right Hand Drive