



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 798**

Date Received

11-JAN-2002

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

Reference No.

8002017

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	DODGE	NEON	1996			
Purchase Date	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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<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 _____	<input type="checkbox"/> 2-Door <input 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 06314000	Part Name(s) FUEL:FUEL INJECTION:UNKNOWN TYPE:DISTRIBUTOR	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	Dates of Failure(s) 01-JAN-1999	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) 90000		
	Vehicle Speed at Failure(s)		

### 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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERE IS OIL LEAKING FROM THE DISTRIBUTER CAP AREA, CONSUMER HAS TO PUT IN A QUART OF OIL IN VEHICLE ONCE EVERY SEVEN DAYS. PLEASE GIVE ANY FURTHER DETAILS.\*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.



**U.S. Department of Transportation**  
**National Highway Traffic Safety Administration**  
**Vehicle Owner's Questionnaire (VOQ)**  
 DOT Auto Safety Hotline  
 NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY**  
 798  
 Date Received: 1-JAN-2002  
 Reference No.: 8002017

**OWNER INFORMATION (Type or Print)**  
 Signature of Owner: [Redacted]  
 Date: 1/21/02  
 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's manufacturer.

**VEHICLE INFORMATION**  
 Vehicle Ident. No. (VIN): [Redacted]  
 Vehicle Make: DODGE  
 Vehicle Model: NEON  
 Vehicle Year: 1996  
 Purchase Date: Sept. 96  
 Dealer's Name: Shadeland Dodge  
 City: Indianapolis State: IN Zip Code: 46226  
 Engine Size (CID/CCL): 4  
 No. Cylinders: 4  
 Fuel Injection:  Turbo  Diesel  Gas

**FAILED COMPONENT(S)/PART(S) INFORMATION**  
 Transmission Type:  Automatic  Manual  
 Restraint System:  3-Point Belt  2-Point Belt  Driver's Airbag  Passenger's Airbag  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Van  Minivan  Other  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

**Component:** 06314000  
**Part Name(s):** FUEL:FUEL INJECTION:UNKNOWN TYPE:DISTRIBUTOR  
**Location:** Left  Right   
**Failed Part(s):** Original  Replacement   
**No. of Failures:** 01-JAN-1999 to 99999 10,000  
**Date(s) of Failure(s):** Mileage at Failure(s): Vehicle Speed at Failure(s):  
**APPLICATION INCIDENT INFORMATION:** (Please describe in detail the incident(s), failure(s), crash(es), and injury(s) on the back of this form.)  
**Crash:** Yes  No   
**Fire:** Yes  No   
**Number of Persons Injured:** \_\_\_\_\_  
**Number of Fatalities:** \_\_\_\_\_  
**Immediate Property Damage:** Reported to Police: Yes  No   
**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES):**

**THERE IS OIL LEAKING FROM THE DISTRIBUTOR CAP AREA, CONSUMER HAS TO PUT IN A QUART OF OIL IN VEHICLE ONCE EVERY SEVEN DAYS. PLEASE GIVE ANY FURTHER DETAILS, AK**

(over)

**THE PRIVACY ACT OF 1974 (Public Law 93-502):** This information is requested pursuant to authority vested in a Federal Agency as part of its ongoing effort to evaluate and improve the safety of vehicles on 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.

CONTINUE ON BACK IF NEEDED

