



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** 758

Date Received

14-FEB-2002

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

8004068

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small>        | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |   |
| 1B3ES22CXTD581024   | DODGE   | NEON   | 1996   |   |   |   |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              |  | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____                                   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>05150021 | Part Name(s)<br>ENGINE:GASKETS:VALVE COVER  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 15-JUN-2001<br>Mileage at Failure(s) 53000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> 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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

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

ENGINE HEAD GASKET STARTED TO LEAK IN JUNE 2001 TO THE POINT NOW WHERE IT NEEDED TO BE REPLACED.\*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

DOT Auto Safety Hotline

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received  
11 FEB 2002

Od\_or  
rt\_dt  
od\_rt  
up\_ltr

Reference No.  
8004068

## OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number  
Home Number

Do you authorize NHTSA to receive a copy of record in the manufacture of your vehicle?  YES  NO  
In the absence of a signature, address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 3/13/02

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1B3ES22CXTD581024  
Vehicle Mak DODGE  
Vehicle Mode NEON  
Vehicle Year 1996  
Current Odometer Reading 54,537

Purchase Date [Redacted] Dealer's Name [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]  
 New  Used  
Engine Siz (CID/CC/L) [Redacted] No Cylinders [Redacted]  
 Turbo Diesel  Gas Fuel Injectio

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 Trail  Front  Rear  4-Wheel  
Vehicle Type  Car  Sport Utl  Van  Truck  Minivan  Motorcycle  Other  
Body Style  2-Door  4-Door  Stationwagon  Pick Up  Truck

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021 Part Name(s) ENGINE:GASKETS:VALVE COVER Location  Left  Right  Front  Rear Failed Part(s)  Original  Replacement

No of Failures 1 Date(s) of Failure(s) 15-JUN-2001 Mileage at Failure(s) 53000 Vehicle Speed at Failure(s) [Redacted]  
Failed Part(s)  Yes  No NHTSA Previously  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  Yes  No Fire  Yes  No Number of Persons Injured [Redacted] Number of Fatalities [Redacted] Estimated Property Damage [Redacted] Reported to Police  Yes  No

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

ENGINE HEAD GASKET STARTED TO LEAK IN JUNE 2001 TO THE POINT NOW WHERE IT NEEDED TO BE REPLACED.\*AK

CONTINUE ON BACK IF NEEDED

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