



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 241

Date Received

28-FEB-2002

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Reference No.

8004811

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 or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1BES42C2VD165905	DODGE	NEON	1997	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ 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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 27-FEB-2002 Mileage at Failure(s) 151000 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 97 V 080 000/AIR BAG: WHILE DRIVING BELL ALARM WENT OFF, AND THEN AIR BAG LIGHT SENOR CAME ON AND REMAINED ON. DEALER NOTIFIED, AND INFORMED CONSUMER THAT THIS VEHICLE WAS NOT COVER UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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 1-888-8ASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

Form Approved: O.M.B. No. 2127-0003

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OWNER INFORMATION (Type or Print)

1221..

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of

Signature of Owner

YES

NO

the vehicle manufacturer.

Date 3/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1BES42C2VD165905	DODGE	NEON	1997	51,000
Purchase Date 1/31/97	Dealer's Name LESSON 26 CHRYSLER/DODGE		Engine Size (CID/CC/L)	Turbo Diesel Gas Fuel Injection
☒ New ☐ Used	City LEESBURG	State VA	No. Cylinders 4	☒ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☒ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Ult ☐ Truck ☐ Motorcycle ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck			

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG	Location ? ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 2	Date(s) of Failure(s) 27-FEB-2002 Mileage at Failure(s) 151000 Vehicle Speed at Failure(s) 30-40 MPH	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 N/A	Number of Fatalities N/A	Estimated Property Damage	Reported to Police ☐ Yes ☐ No N/A
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

RECALL 97 V 080 000/AIR BAG: WHILE DRIVING BELL ALARM WENT OFF, AND THEN AIR BAG LIGHT SENOR CAME ON AND REMAINED ON. DEALER NOTIFIED, AND INFORMED CONSUMER THAT THIS VEHICLE WAS NOT COVER UNDER RECALL DUE TO VIN. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

AIR BAG SENSOR LIGHT DIDN'T REMAIN ON. CAME ON THEN OFF, WITH ALARM. TALK TO DEALER. DEALER REPLACED MODULE. (LESSON 26)

CONTINUE ON BACK IF NEEDED

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