



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-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005686

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 windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES7C7WD749095		DODGE	NEON	1998	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 04-MAR-2002	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 40000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s) 20		

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 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT COLLISION AT 15-20 MPH, AND NEITHER AIRBAG DEPLOYED. CONSUMER SUFFERED WHIPLASH. DAMAGE TO VEHICLE WAS \$ 4000.00. *AK

COPIES OF REPORTS ARE KEPT

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.

 DOT Auto Safety Hotline		FOR AGENCY USE ONLY 758	
U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) 		Date Received <u>14-MAR-2002</u> Office <u>DEFECTS INVESTIGATION</u> Reference No. <u>8005686</u>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer.		☒ YES ☐ NO Date <u>3/12/02</u>	
Signature of Owner <u>[Signature]</u>		Work <u>[Redacted]</u> Home <u>[Redacted]</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
<u>1B3ES7C7WD749095</u>	<u>DODGE</u>	<u>NEON</u>	<u>1998</u>
Purchase Date	Dealer's Name <u>W. Williams</u>	Engine Size (CID/CC/L)	Current Odometer Reading <u>40,000</u>
☐ New ☒ Used	City <u>Wichita</u> State <u>KS</u> Zip Code <u>67201</u>	No Cylinders <u>4</u>	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectic
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ 2-Point Be	☐ Yes ☒ No
Drive Train	Vehicle Type	Body Style	
☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Utl ☐ Truck ☐ Motorcycle ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>12111000</u>	Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONTAL</u>	Location	Failed Part(s)
		☐ Left ☒ Front ☐ Right ☐ Rear	☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) <u>04-MAR-2002</u> Mileage at Failure(s) <u>40000</u> Vehicle Speed at Failure(s) <u>20</u>	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities
☒ Yes ☐ No	☐ Yes ☒ No	<u>1</u>	
Estimated Property Damage		Reported to Police	
		☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
FRONT COLLISION AT 15-20 MPH, AND NEITHER AIRBAG DEPLOYED. CONSUMER SUFFERED WHIPLASH. DAMAGE TO VEHICLE WAS \$ 4000.00. *AK			

CONTINUE ON BACK IF NEEDED