



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 436

Date Received

25-APR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8008598

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 windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
NOT AVAILABLE	PLYMOUTH	NEON	1995			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input 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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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 _____	Body Style <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 05100000	Part Name(s) ENGINE	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-MAR-2002 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS LOSING OIL, BUT HAS NOT AFFECTED NORMAL OPERATION OF VEHICLE. OIL LEAKAGE WAS SLOWLY PROGRESSING ONTO THE GROUND. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION. *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.



Vehicle Owner's Questionnaire (VOQ)

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

U.S. Department of Transportation
National Highway Traffic Safety Administration

TOLEDO OH

Do you authorize NHTSA to contact the manufacturer of your vehicle?
YES NO

In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.
Date 5/6/02

Signature of Owner

Vehicle Identification Number (VIN) 1B3E54CT550235845
Vehicle Make DODGE
Vehicle Model PLAMOUTH
Vehicle Year 1995

Current Odometer Reading 65250

Engine Size 4 CID/CCL
No. Cylinders 4
Fuel Injection Turbo Gas Diesel

Transmission Type Automatic Manual
Antilock Brakes Restraint System No
3-Point Belt 2-Point Belt Driver Side Airbag Passenger Side Airbag

Failed Component 05100000 ENGINE
Part Name(s) HEAD GASKET
Location Front Left Right Rear
Failed Part(s) Original Replacement

No. of Failures 1
Date(s) of Failure(s) 01-MAR-2002
Mileage at Failure(s) 50600
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 Yes No
Number of Persons Injured
Number of Particles
Estimated Property Damage
Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
VEHICLE WAS LOSING OIL, BUT HAS NOT AFFECTED NORMAL OPERATION OF VEHICLE. OIL LEAKAGE WAS SLOWLY PROGRESSING ONTO THE GROUND. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION. *AK
I HAD THE HEAD GASKET REPLACED BY A FRIEND EVERY DEALER AND REPAIR SHOP I CALLED SAID THIS WAS A COMMON PROBLEM WITH DEER'S WITH OVER 40,000 MILES

FOR AGENCY USE ONLY 436

DATE RECEIVED 25 APR 2002
OFFICE OF DEFECTS INVESTIGATION
REFERENCE NO. 8008598
WORK NUMBER 750290

Home Number

Form Approved O.M.B. No. 2127-0008

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CONTINUE ON BACK IF NEEDED