



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

26-JUN-2002

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

Reference No.

8012683

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 DODGE | Vehicle Model NEON | Vehicle Year 1996 | Current Odometer Reading | | |
| 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 type="checkbox"/> Fuel Injectio | | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <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 | 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 03240000 | Part Name(s) BRAKES:HYDRAULIC:LINES:FITTINGS | 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) 25-JUN-2002 Mileage at Failure(s) 64000 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 |
|---|--|---------------------------|----------------------|--------------------------|---|

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

WHILE DRIVING BRAKES FAILED. CONTACTED DEALER, AND THE DEALER STATED THAT BRAKE LINE RUSTED, CAUSING THE PROBLEM.*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.

FOR AGENCY USE ONLY 798

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline
1-888-327-4236
NATIONWIDE 1-888-DASH-2-DOT

Vehicle Owner's Questionnaire (VOQ)

DATE RECEIVED: JUN 26 2002
OFFICE OF DEFECTS INVESTIGATION
Reference No. 8012683

Work Number: [REDACTED]
Home Number: [REDACTED]

Signature of Owner: [REDACTED]
Date: 7/2/02

VEHICLE INFORMATION

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA will use the address to the vehicle manufacturer.

Vehicle Identification No. (VIN): 1B8ES47C1TD54346
Vehicle Make: DODGE
Vehicle Model: NEON
Vehicle Year: 1996
Current Odometer Reading: 60122

Purchase Date: March 1996
Dealers Name: Keller Dodge
City: Naperville
State: IL
Zip Code: 60563

Engine Size: 1.8
Engine Type: Gas
Fuel Injection: Turbo

Engine Size: (CID/CC) 1.8
No. of Cylinders: 4

Transmission Type: Automatic Manual
Antilock Brakes: Yes No
Restraint System: 3-Point Belt 2-Point Belt Morobelt
Diverside Airbag: Yes No
Passengerside Airbag: Yes No

Crash Control: Yes No

Drive Train: Front Rear 4-Wheel

Vehicle Type: Car Van Minivan Other
 Sport Uti Truck Motorcycle

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 03240000
Part Name(s): BRAKES;HYDRAULIC;LINES;FITINGS

Location: Front Rear Right Left

Failed Part(s): Original Replacement

No. of Failures: 1

Date(s) of Failure(s): 25-JUN-2002
Mileage at Failure(s): 6000
Vehicle Speed at Failure(s): 25 mph

Failed Part(s): Yes No
Previously Failed: 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: 0
Number of Fatalities: 0
Estimated Property Damage: 0
Reported to Police: Yes No

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

WHILE DRIVING BRAKES FAILED, CONTACTED DEALER, AND THE DEALER STATED THAT BRAKE LINE RUSTED, CAUSING THE PROBLEM. AK

CONTINUE ON BACK IF NEEDED

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