



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

02-JUL-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8013169

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>(Locate at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	PLYMOUTH	BREEZE	1997	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____	☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
☐ Manual ☐ Automatic	☐ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	Body Style			
☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			

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 Failure	Dates of Failure(s) 02-JUL-2000 Mileage at Failure(s) 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)

VEHICLE LEAKING OIL WHILE DRIVING. VEHICLE TAKEN TO THE DEALER, AND THEY INFORMED CONSUMER OF A BLOWN HEAD GASKET. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF REPORTS - SEE PAGE 2

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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received <u>02-JUL-2002</u> Defects Office Investigation Reference No. <u>8013100</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] [Redacted] 762282 SCITUATE MA [Redacted]			
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 <u>7/11/02</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) PLEASE FILL IN		Vehicle Make PLYMOUTH	Vehicle Model BREEZE
		Vehicle Year 1997	Current Odometer Reading 59502
Purchase Date <u>6/24/00</u> ☐ New ☒ Used	Dealer's Name <u>QUICK NISSAN / Central City Ply</u> <u>Branford</u> <u>MA</u> <u>02184</u> City <u>Athol</u> State <u>MA</u> Zip Code <u>02003</u>		Engine Size (CID/CC/L) <u>2.0L</u> No. Cylinders <u>4</u> ☐ Turbo Diesel Gas Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☒ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☒ Car ☐ Sport Utility Truck ☐ Van ☐ Motorcycle ☐ Minivan ☐ 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) <u>02-JUL-2002</u> Mileage at Failure(s) <u>36400</u> 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 0	Number of Fatalities 0
		Estimated Property Damage 0	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE LEAKING OIL WHILE DRIVING. VEHICLE TAKEN TO THE DEALER, AND THEY INFORMED CONSUMER OF A BLOWN HEAD GASKET. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK <u>JIP# 1P3E346C3VN505066#</u>			
CONTINUE ON BACK IF NEEDED			
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