

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

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

FOR AGENCY USE ONLY 241

Data Received

17-FEB-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857162

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>(Listed at front of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1BES27C1TD557431 | DODGE | NEON | 1996 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|---|--|--|--|---|--|--|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ | <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <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 05150020 | Part Name(s) ENGINE:GASKETS | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------|--------------------------------|---|---|

| | | | |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) 18-MAR-1996 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

ON-GOING PROBLEM WITH A 2.0L ENGINE HEAD GASKET FAILURE; FROM MARCH OF 1996 TO PRESENT VEHICLE EXPERIENCE FOUR HEAD GASKETS REPLACEMENT BY THE DEALER.

CONTINUED ON BACK PLEASE

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.

| | |
|---|---|
| <p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 241</p> <p>Date Received <u>17-FEB-2000</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> <p>Mod or _____ rt dt _____ loc _____ up Nr _____</p> <p>Reference No. 857162</p> <p>Work Number <u>N/A</u></p> <p>Home Num _____</p> |
| OWNER INFORMATION (Type or Print) | |
| [REDACTED] | 591517 |

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of _____ name and address to the vehicle manufacturer.

Signature of Owner _____ Date 3.5.00

| VEHICLE INFORMATION | | | | | | |
|---|---|--|--|---|---|--|
| Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1BES27C1TD557431 | Vehicle Make DODGE | Vehicle Model NEON | Vehicle Year 1996 | Current Odometer Reading 60,400 | | |
| Purchase Date <u>2/10/96</u> | Dealer's Name <u>BIRLAND DODGE DEALER #9337</u> <u>HUGGINS DODGE</u> | | Engine Size (CID/CYL) <u>2.0L/504C</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>HAVERSTRAW</u> State <u>NY</u> Zip Code <u>10927</u> | | No Cylinders <u>4</u> | | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" 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 Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Body Style <input type="checkbox"/> 2-Door <input checked="" 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 06150021 | Part Name(s) ENGINE:GASKETS:VALVE COVER | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement |
| No of Failures 4 * | Date(s) of Failure(s) <u>18-MAR-1996</u> Mileage at Failure(s) <u>58000</u> Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| APPLICATION INCIDENT INFORMATION | | | | | |
|---|---|--|-------------------------------------|---------------------------|---|
| <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small> | | | | | |
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>NONE</u> | Number of Fatalities <u>NONE</u> | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

ONGOING PROBLEM WITH A 2.0L ENGINE HEAD GASKET FAILURE. FROM MARCH OF 1996 TO PRESENT, VEHICLE HAS EXPERIENCED FOUR HEAD GASKETS REPLACEMENT BY THE DEALER.*AK

TRANSMISSION COMPLETE OVERHAUL/RECONDITION 3/13/96 1763 MILES

* 2 HEAD GASKETS 2/25/97 - 12/19/98 N.B ROCKLAND DODGE TAKEN OVER BY DISCOUNT DODGE & BORN DEALERS OUT OF BUSINESS

EGR VALVE W/FEET 3/20/99

OIL PRESSURE SENSOR / SWITCH 2/23/04

CONTINUE ON BACK IF NEEDED

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.