



U.S. Department of Transportation

National 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 252**

Data Received  <b>06-MAR-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. <b>858002</b>	

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 drivers side)</small>	Vehicle Make <b>DODGE</b>	Vehicle Model <b>NEON</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
--	------------------------------	------------------------------	-----------------------------	--------------------------

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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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 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 type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 <b>05150021</b>	Part Name(s) <b>ENGINE:GASKETS:VALVE COVER</b>	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) <u>12-DEC-1999</u> Mileage at Failure(s) _____ 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)**

**CONSUMER NOTICE OIL LEAKING FROM UNDERNEATH THE CAR . THE HEAD GASKET BLEW OUT MORE THAN ONE OCCASION. \*AK**

CONTINUED 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.

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p style="text-align: right;"><b>FOR AGENCY USE ONLY</b> 252</p> <p><b>Date Received</b> MAR 30 2000 <b>OFFICE DEFECTS INVESTIGATION</b></p> <p><b>Od_or</b> _____ <b>rt_dt</b> _____ <b>od_rt</b> _____ <b>up_itr</b> _____</p> <p><b>Reference No.</b> <b>858002</b></p> <p><b>Work Number</b> _____ <b>Home Number</b> _____</p>
<b>OWNER INFORMATION (Type or Print)</b>	
[Redacted]	594692

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an address to the vehicle manufacturer, \_\_\_\_\_  
 Signature of Owner \_\_\_\_\_ Date 3/19/00

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> <u>1B3ES37C7T0861791</u>	Vehicle Make <b>DODGE</b>	Vehicle Model <b>NEON</b>	Vehicle Year <b>1998</b>	Current Odometer Reading <b>69,867</b>		
Purchase Date <u>4-22-96</u>	Dealer's Name <u>La Keshore Chrysler Plymouth Dodge</u>		Engine Size (CID/CC/L) <u>4 cyl.</u>	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Montague</u> State <u>MI</u> Zip Code <u>49437</u>		No Cylinders _____			
Transmission Type <input checked="" 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 checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" 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"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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 <b>05150021</b>	Part Name(s) <b>ENGINE:GASKETS:VALVE COVER</b> <u>head gasket</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>12-DEC-1999</u> Mileage at Failure(s) _____ 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					
<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	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)**

**CONSUMER NOTICE: OIL LEAKING FROM UNDERNEATH THE CAR. THE HEAD GASKET BLEW OUT MORE THAN ONE OCCASION. \*AK - Original head gasket.**

Since the car was only 4 years old, and the dealership said Chrysler had known of problems with head gaskets in Neons going bad, Chrysler agreed to pay for parts only, we've talked to several mechanics who also said they had never Neons coming in with the same problem. One mechanic was overheard saying there had been 15 revisions on Neon head gaskets. We feel they should have been recalled and our labor should have been paid.

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.

for since this had become a known problem.

8945880

38106

**boyd earle's**  
**Lake Shore**  
 CHRYSLER-PLYMOUTH-DODGE  
**MONTAGUE**

INVOICE

4235 Fruitvale Rd. (231) 893-1945  
 Montague, MI 49437 Toll Free (888) 581-4345  
 Voice Mail ext. 24 Fax (231) 894-9049

PAGE 1

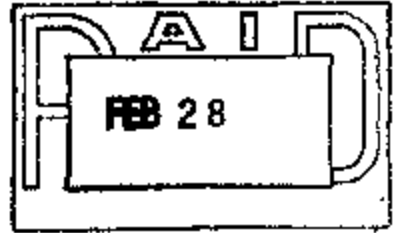
SERVICE ADVISOR: 213 MAGGIE KLINE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
RED	96	PLYMOUTH NEON	1B3ES27C7TD561791		69867/69867	T259	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
22APR1996			17:00 23FEB00		0.00	CASH	28FEB2000
R/O OPENED	READY	OPTIONS: DLR:LCP ENG:2.0					
09:37 23FEB00	17:30 28FEB00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
A HEAD GASKET LEAKING CHRYSLER SAYS PARTS ONLY							
9 REPLACE HEAD GASKET//REPLACE SPARK PLUGS STRIP							
HEAD FOR MILLING ///STRIPED WATER SPOUT IN HEAD							
25 ROESLER 7837,WAYNE LIC#: M117434							
C 9.00							
4 SP000RC9YC PLUG							
SUBL CLEAN AND MACHINE HEAD REPAIR THREADS FOR HOSE FITTING							
C							
PARTS: 11.92 LABOR: 540.00 OTHER: 65.00 TOTAL LINE A: 616.92							

\*\*\*\*\*

ALL MOPAR PARTS INCLUDE A 12 MTH//12,000 MILE WARRANTY WHICH EVER COMES FIRST--\*\*\*\*\*  
 UNLESS A NON-WARRANTY COMPONENT FAILS CAUSING DAMAGE TO A WARRANTY COVERED PART.\*\*\*\*\*  
 ALL AFTER MARKET PARTS HAVE LIMITED PARTS WARRANTY, NO LABOR WARRANTY\*\*\*\*\*NO WARRANTY ON MOPAR SEALS AND GASKETS!!!\*\*\*\*\*



repair of head gasket.

labor + parts of spark plugs \$18 our portion - not Chrysler - this is general maintenance.

CUSTOMER COPY

ALL PARTS INSTALLED ARE NEW, UNLESS SPECIFIED OTHERWISE		LABOR AMT.	PARTS AMT.	TOTAL (SALES TAX ADD.)	APPROX PRG.	CUST. ACCEPTANCE	DESCRIPTION	TOTALS
TERMS: STRICTLY CASH/LESS ARRANGEMENTS MADE						(INITIALS)	LABOR AMOUNT	540.00
I hereby authorize the repair work herein set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipment by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on roads, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repair thereto. I understand that amounts to keep express mechanic's lien. I have no right of possession of the above vehicle until the repair thereto have been paid in full or until you and/or your employees have voluntarily released the vehicle to me. *SEE CONDITIONS ON REVERSE						APPROVAL (INITIALS)	PARTS AMOUNT	11.92
ALL PARTS REMOVED WILL BE RETURNED TO CUSTOMER <input type="checkbox"/> DISCARD <input type="checkbox"/> CHECKED BY CUSTOMER							GAS, OIL, LUBE	0.00
CONTACT NAME FOR APPROVAL						DATE	SUBLET AMOUNT	65.00
LABOR						TIME	DEDUCTIBLE, RENTAL & SUPPLIES	0.00
PARTS						AM PM	TOTAL CHARGES	616.92
SUBLET							LESS INSURANCE	0.00
PARTY & EXT.							SALES TAX	0.72
PCVING							PLEASE PAY THIS AMOUNT	617.64
SALES TAX							CUSTOMER SIGNATURE	
TOTAL							CUSTOMER COPY	

8945880

38105

**boyd earls**  
**Lake Shore**  
 CHRYSLER-PLYMOUTH-DODGE  
 MONTAGUE

INVOICE

4235 Fruitvale Rd.  
 Montague, Mi 49437  
 Voice Mail ext. 24

(231) 893-1945  
 Toll Free (888) 581-4345  
 Fax (231) 894-9049

PAGE 1

SERVICE ADVISOR: 213 MAGGIE KLINE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MI/AGE IN/OUT	TAG	
RED	96	PLYMOUTH NEON	1B3ES27C7TD561791		69867/69867	T259	
DEL. DATE	PROB. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	WAV. DATE
22APR1996			17:00 23FEB00		0.00	CASH	28FEB2000
R/O OPENED	READY	OPTIONS: DLR:LCP ENG:2.0					
09:36 23FEB00	14:44 28FEB00						

LINE	OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
------	--------	------	------	-------	------	-----	-------

A HEAD GASKET IS LEAKING PARTS ONLY  
 CAUSE: HEAD GASKET IS BLOWN ///STRIP HEAD FOR MILLING WATER TUBE FOR  
 HEATER HOSE STRIPED IN HEAD REPLACE HEAD GASKET REPLACE SPARK  
 PLUGS

- 09353010 HEAD GASKET LEAK  
 25 ROESLER 7837,WAYNE LIC#: M117434  
 W40 0.00 (N/C)
- 1 5014133AC GSKT PKG-ENGINE UPPER (N/C)
  - 1 4864207AB SEAL PKG-EXHAUST RING WHT (N/C)
  - 10 6504020 BOLT (N/C)
  - 2 5217003 BOLT-HEX FLANGE HEAD (N/C)
  - 2 6100499 NUT (N/C)
  - 1 4105409 FILTER-ENGINE OIL (N/C)
  - 1 4761845 \*OIL (N/C)
  - 1 4761839 \*OIL (N/C)
  - 1 4267020AP \*COOLANT (N/C)

FC: 44 PART#: COUNT:  
 CLAIM TYPE:  
 AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

\*\*\*\*\*  
 ALL MOPAR PARTS INCLUDE A 12 MTH//12,000 MILE WARRANTY WHICH EVER COMES FIRST--\*\*\*\*\*  
 UNLESS A NON-WARRANTY COMPONENT FAILS CAUSING DAMAGE TO A WARRANTY COVERED PART.\*\*\*\*\*  
 ALL AFTER MARKFT PARTS HAVE LIMITED PARTS WARRANTY,NO LABOR WARRANTY\*\*\*\*\*NO WARRANTY ON MOPAR SEALS AND GASKETS!!!\*\*\*\*\*

CUSTOMER COPY

LABOR AMT.	PARTS AMT.	TOTAL (SALES TAX ADD.)	APPROX TIME	CUST. ACCEPTANCE	DESCRIPTION	TOTALS
				(INITIALS)	LABOR AMOUNT	0.00
					PARTS AMOUNT	0.00
					GAS, OIL, LUBE	0.00
					SUBLET AMOUNT	0.00
					DEDUCTIBLE RENTAL & SUPPLIES	0.00
					TOTAL CHARGES	0.00
					LESS INSURANCE	0.00
					SALES TAX	0.00
					PLEASE PAY THIS AMOUNT	0.00

ALL PARTS INSTALLED ARE NEW, UNLESS SPECIFIED OTHERWISE  
 TERMS: STRICTLY CASH UNLESS ARRANGEMENTS MADE  
 I hereby authorize the repair work herein set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipments by the supplier or transporter. I hereby grant you and/or your employees permission to use the vehicle herein described on streets, highways or elsewhere for the purpose of making similar inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. I understand that pursuant to said express mechanic's lien I have no right of possession to the above vehicle until the repairs thereto have been paid in full or until you and/or your employees have voluntarily released the vehicle to me. \*SEE CONDITIONS ON REPAIRS\*

CONTACT NAME FOR APPROVAL (INITIALS) \_\_\_\_\_ CONTACT HOW?  BY PERSON  BY PHONE

LABOR PARTS SUBLET PAINT & MNT. TOWING

SECURE RELEASE FOR INVOICE TO

CUSTOMER SIGNATURE

CUSTOMER COPY

8945880

37762

boyd earls' **Lake Shore**  
 CHRYSLER-PLYMOUTH-DODGE  
 MONTAGUE

INVOICE

4235 Fruitvale Rd. (231) 893-1945  
 Montague, MI 49437 Toll Free (888) 581-4345  
 Voice Mail ext. 24 Fax (231) 894-9049

PAGE 1

SERVICE ADVISOR: 213 MAGGIE KLINE

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN/OUT	TAG	
RED	96	PLYMOUTH NEON	1B3ES27C7TD561791		69714/69714	T643	
DEL DATE	PROD DATE	WARR EXP	PROMISED	PO NO	RATE	PAYMENT	INV DATE
22APR1996			17:00 08FEB00		0.00	CASH	08FEB2000
R.O. OPENED	READY	OPTIONS: DLR:LCP ENG:2.0					

06:45 08FEB00	16:37 08FEB00	LINE OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL
---------------	---------------	-------------	------	------	-------	------	-----	-------

A CHECK AND ADVISE ON OIL LEAKING

30 TEST DRIVE THE CAR AND FOUND HEAD GASKET  
 LEAKING//NEEDS REPAIR DISTRICT MANAGER WILL  
 ASSIST WITH PARTS ONLY

31 FLATER 6151, JON LIC#: M221630

C 0.50

30.00 30.00

PARTS: 0.00 LABOR: 30.00 OTHER: 0.00 TOTAL LINE A: 30.00

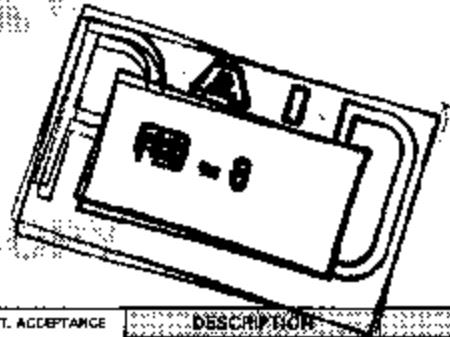
\*\*\*\*\*

CUSTOMER PAY ENVIRONMENTAL WASTE/SUPPLIES FOR REPAIR ORDER 1.50

ALL MORAR PARTS INCLUDE A 12 MTH//12,000 MILE  
 WARRANTY WHICH EVER COMES FIRST--\*\*\*\*\*  
 UNLESS A NON-WARRANTY COMPONENT FAILS CAUSIN  
 G DAMAGE TO A WARRANTY COVERED PART.\*\*\*\*\*  
 ALL AFTER MARKET PARTS HAVE LIMITED PARTS WAR  
 RANTY, NO LABOR WARRANTY\*\*\*\*\*NO WARRANTY ON  
 MOPAR SEALS AND GASKETS!!!\*\*\*\*\*

Original inspection

waited on repair at this  
 point to contact Chrysler



CUSTOMER COPY

ALL PARTS INSTALLED ARE NEW, UNLESS SPECIFIED OTHERWISE		LABOR AMT.	PARTS AMT.	TOTAL SALES TAX ADDL	APPROX HRS	CUST. ACCEPTANCE	DESCRIPTION	TOTALS
TERMS STRICTLY CASH UNLESS ARRANGEMENTS MADE						(INITIALS)	LABOR AMOUNT	30.00
I hereby authorize the repair work herein set forth to be done along with the necessary materials and agree that you are not responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control or for any delays caused by unavailability of parts or delays in parts shipment by the supplier or transporter. I hereby grant you and/or your employees permission to operate the vehicle herein described on sheets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereof. I understand that pursuant to said express mechanic's lien, I have no right of possession to the above vehicle until the repairs thereof have been paid in full or until you and/or your employees have voluntarily released the vehicle to me. *SEE CONDITIONS ON REVERSE*						APPROVA (INITIALS)	PARTS AMOUNT	0.00
ALL PARTS REMOVED WILL BE RETURNED TO CUSTOMER IF CHECKED BY CUSTOMER						DATE	GAS, OIL, LUBE	0.00
						TIME	SUBLET AMOUNT	0.00
						AM PM	DEDUCTIBLE, RENTAL & SUPPLIES	1.50
							TOTAL CHARGES	31.50
							LESS INSURANCE	0.00
							SALES TAX	0.09
							PLEASE PAY THIS AMOUNT	31.59
CONTACT NAME FOR APPROVAL (INITIALS)		CONTACT HOW?						
LABOR		<input type="checkbox"/> IN PERSON						
PARTS		<input type="checkbox"/> BY PHONE						
PAINT & MAT. TOWING		All parts and repairs must be returned in compliance with the Michigan Auto Repair Act P.A. 300						
SALES TAX		CUSTOMER SIGNATURE						
TOTAL		CUSTOMER COPY						