

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 150

Date Received

14-MAR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

858453

 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
1P3ES27C5SD594138	DODGE	NEON	1995	

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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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 checked="" type="checkbox"/> Yes <input 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 03250000 03270000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 71000 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
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## 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
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE ELIMINATION OF FRONT BRAKES CAUSED LOSS OF VEHICLE CONTROL. PLEASE PROVIDE FURTHER INFORMATION. \*AK

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY</b> 160 Date Received <u>14-MAR-2000</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>858453</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>Signature of Owner _____ Date <u>3/30/00</u></p>					
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>					
<p><b>VEHICLE INFORMATION</b></p>					
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small>		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<u>1P3ES27C8SD894138</u>		<u>DODGE</u>	<u>NEON</u>	<u>1995</u>	<u>7,000 71138</u>
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<u>5-31-95</u>	<u>Russ Dreyfus</u>		<u>2.0</u>		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Waukegan</u> State <u>IL</u> Zip Code <u>53186</u>		No Cylinders <u>4</u>		
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style			
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other			
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>					
Component	Part Name(s)	Location		Failed Part(s)	
<u>03280000</u> <u>03270000</u>	<u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u> <u>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</u>	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	<u>3-14-00</u>	<u>71000</u>	<u>30 mph</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>APPLICATION INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>-</u>	<u>-</u>	<u>-</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p>					
<p><b>THE MALFUNCTIONING OF FRONT BRAKES CAUSED LOSS OF VEHICLE CONTROL. PLEASE PROVIDE FURTHER INFORMATION. *AK</b></p> <p><i>I NOTICED THE RIGHT FRONT BRAKE WAS GRABBING IN A PULSING MANNER. WHEN I TOOK THE VEHICLE IN FOR REPAIR, I WAS TOLD THE RIGHT FRONT HUBBON WAS RUSTED AND WAS SEVERELY DAMAGED, A PROBLEM COMMON WITH 00060 HUBS. HAD THE LAMINATION CRACKED COMPLETELY, THE FRONT WHEEL WOULD HAVE LOST UP CAUSING LOSS OF CONTROL.</i></p>					
CONTINUE ON BACK IF NEEDED					
<p>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 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>					

# meineke<sup>®</sup>

## Discount Mufflers

**QUALITY UNDERCAR SPECIALIST**

Each Shop Individually Owned and Operated

1511 LINCOLN AVENUE  
WAUKESHA, WI 53186  
(262) 548-3734

SEE OTHER COPY

MC 067508



METHOD OF PAYMENT

CASH  CHECK  
 COMPANY CHARGE  CREDIT CARD  
 NAME OF CHARGE CARD Visa

SOLD TO



YEAR	MAKE	MODEL	LICENSE NO.	STATE	ODOMETER	VIN/P.O. NUMBER	DATE
95	PLYMOUTH	Neon	[REDACTED]	[REDACTED]	70,000		03/09/00
REMARKS			TAX EXEMPTING NO.	SALESMAN	MECHANIC	SOURCE	DR
				SCOTT	SCOTTY	REFERRAL	<input checked="" type="checkbox"/>

QUANTITY	PART NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
Qty	Part Number	Posn Description	Map	Parts Labor Total
1	PG0633N (RAY)	Front DISC PADS	(Warranty-Lifetime-5) 50 \$ Discount for PG0633N (RAY)	55.00 0.00 \$ 55.00
1	DS0132 (RAY)	Front DISC AND SHIM KIT		34.95 0.00 \$ 34.95
2	76449 (RAY)	Front DISC BRAKE ROTOR	(Warranty-One Year)	86.18 0.00 \$ 176.36
1	CLEAN/ADJ (USR)	BRAKES		25.00 0.00 \$ 25.00
1	SHOP/SUPPLY (USR)	BRAKES		5.00 0.00 \$ 5.00
1	BLEEDING (USR)	BRAKES		35.00 0.00 \$ 35.00
1	LABOR	EXHAUST		0.00 50.00 \$ 50.00



Discount : 27.50

Sales 18.04


**YOU ARE ENTITLED TO A PRICE ESTIMATE FOR THE REPAIRS YOU HAVE AUTHORIZED. THE REPAIR PRICE MAY BE LESS THAN THE ESTIMATE, BUT WILL NOT EXCEED THE ESTIMATE WITHOUT YOUR PERMISSION. YOUR SIGNATURE WILL INDICATE YOUR ESTIMATE SELECTION.**

1. I request an estimate in writing before you begin repairs.
2. Please proceed with repairs, but call me before continuing if the price will exceed \$ \_\_\_\_\_
3. I do not want an estimate.
4. Additional work authorized by: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ No Called \_\_\_\_\_ New Estimate \_\_\_\_\_


5. Do you want replaced parts you are entitled to?  Yes  No  
\*Motor Vehicle repair contracts are regulated by Chapter AT09-113 Motor Vehicle Contracts and Sales Act of the State of Wisconsin. Dept. of Consumer Protection, Wisconsin Dept. of Transportation, 1000 Wisconsin Ave., Madison, Wisconsin 53708-6311.

PARTS TOTAL	▶	303.81
LABOR	▶	50.00
SUBTOTAL	▶	353.81
TAX	▶	18.04
<b>TOTAL DUE</b>	▶	<b>371.85</b>

RECEIVED BY   
Form #48268

WARRANTY INFORMATION ON BACK OF RECEIPT

**PAY THIS AMOUNT** 



Chrysler Recall Center  
P.O. 1040  
St. Charles MO 63302-1040

Re: Consideration for reimbursement for work performed at my expense.

Due to the severe delamination of the front rotors on my 1995 Dodge Neon, VIN # 1P3ES27C5SD594138, I had Meineke replace the front brake rotors (see receipts enclosed). I learned of the recall from the Meineke owner at the time they were repairing the brakes. Had I been notified of the recall prior to my scheduling an appointment with Meineke, I would have had the recall work done at my dealership.

I am requesting reimbursement for my out of pocket expenses for the rotor replacement work Meineke did to eliminate this safety hazard.

I have also notified NHTSA of my complaint.

Please forward payment to the address listed above.

Thank you.

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