

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

284

Date Received

16-MAY-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

861961

 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.) (located at front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
21B3ES7C9WD504637	DODGE	NEON	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12320000	Part Name(s) INTERIOR SYSTEMS:SEAT LATCH	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) 26-APR-2000 Mileage at Failure(s) 15 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 1	Number of Fatalities 	Estimated Property Damage 	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS REARENDED. ; UPON IMPACT, DRIVER'S SEATBACK COLLAPSED, RESULTING IN MINOR INJURIES. VEHICLE WAS TOTALLED. *AK

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.

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Reference No.

861961

 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) (Listed at front of windshield or drivers side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
21B3ES7C9WD504637	DODGE	NEON	1998	

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	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbell ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12320000	Part Name(s) INTERIOR SYSTEMS:SEAT LATCH	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 26-APR-2000 Mileage at Failure(s) 15 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 1	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS REARENDED. UPON IMPACT, DRIVER'S SEATBACK COLLAPSED, RESULTING IN MINOR INJURIES. VEHICLE WAS TOTALLED. *AK

CONTINUED ON BACK

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 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 284 Date Received JUN 12 PM 3:00 16-MAY-2000 OFFICE INVESTIGATION	
		Od_or _____ rt_dt _____ od_rt _____ up_Nr _____ Reference No. 851961			
OWNER INFORMATION (Type or Print)				DEFECTS INVESTIGATION	
[Redacted Owner Information]				Work Number [Redacted] Home Number <u>SAME</u>	
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>5/31/00</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>21B3ES7C9WD504637</u>		Vehicle Make <u>DODGE</u>		Vehicle Model <u>NEON</u>	
		Vehicle Year <u>1998</u>		Current Odometer Reading	
Purchase Date <u>Mar 25, 00</u> ☐ New ☒ Used		Dealer's Name <u>SEA COAST CHEV-OLDS</u> City <u>BELMAR</u> State <u>NJ</u> Zip Code _____		Engine Size (CID/CC/L) <u>2.2 L</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 Utl ☐ 2-Door ☐ Van ☐ Truck ☒ 4-Door ☐ Minivan ☐ Motorcycle ☐ Stationwagon ☐ Other _____ ☐ Pick Up Truck ☐ Other _____			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>12320040</u>		Part Name(s) <u>INTERIOR SYSTEMS:SEAT LATCH</u>		Location ☒ Left ☐ Right ☒ Front ☐ Rear	
				Failed Part(s) ☒ Original ☐ Replacement	
No of Failures <u>1</u>		Date(s) of Failure(s) <u>28-APR-2000</u> Mileage at Failure(s) <u>15,000 mi</u> Vehicle Speed at Failure(s) <u>Stopped</u>		Failed Part(s) Available? ☐ Yes ☒ No	
				NHTSA Previously Contacted? ☐ 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 <u>3</u>	
				Number of Fatalities <u>0</u>	
				Estimated Property Damage <u>\$15,000</u>	
				Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
VEHICLE WAS REARENDED. UPON IMPACT, DRIVER'S SEATBACK COLLAPSED, RESULTING IN MINOR INJURIES. VEHICLE WAS TOTALLED. *AK					
CONTINUE ON BACK IF NEEDED					
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