

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 252

Date Received

17-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

868051

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES47C7SD524279	PLYMOUTH	NEON	1995	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03214000	Part Name(s) BRAKES:HYDRAULIC:OTHER	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No. of Failures 0	Date(s) of Failure(s) 01-JUL-2000	Mileage at Failure(s) 75000	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	---------------------------	---

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

WHEN SHE APPLIES HER BRAKES THE BRAKES WOULD GRIND AND ALSO YOU WOULD HAVE TO PUMP THE BRAKES. THE DEALERSHIP REPLACED THE ROTORS AND BRAKES PADS. AND THE PROBLEM IS STILL THERE. IT HAS BEEN THREE WEEKS.

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.



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

RECEIVED
OFFICE OF DEFECTS INVESTIGATION
17-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_lr _____

OWNER INFORMATION (Type or Print)

627497

Reference No.
868051

Work Number _____
Home Number _____

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 09/24/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1B3ES47C7SDS24279
Vehicle Make Dodge
Vehicle Model NEON
Vehicle Year 1995
Current Odometer Reading 80,000

Purchase Date 01-28-00
 New Used
Dealer's Name Second Chance Auto Sales
City Owensboro State Ky Zip Code _____
Engine Size (CID/GC/L) 2.0
No. Cylinders 4
 Turbo
 Diesel
 Gas
 Fuel Injection

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System
 3-Point Belt Motorbell
 Driverside Airbag 2-Point Belt
 Passengerairde Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Ult Truck Motorcycle
 Van Minivan Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03270000
Part Name(s) BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM
Location Left Right Front Rear
Failed Part(s) Original Replacement both

No. of failures 0
Date(s) of Failure(s) 01-JUL-2000
Mileage at Failure(s) 75000
Vehicle Speed at Failure(s) 0
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 0
Number of Fatalities 0
Estimated Property Damage _____
Reported to Police Yes No

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

WHEN APPLYING BRAKES THEY WOULD GRIND. ALSO, WOULD HAVE TO PUMP BRAKES. DEALERSHIP REPLACED ROTORS AND BRAKES PADS. BUT, PROBLEM STILL CONTINUED. IT HAS BEEN THREE WEEKS. *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 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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I have put 2 replacement brakes pads on it two times they still Grind and Squeak. I have a bad oil leak cause IS unknown Steering wheel vibrates also cause of that IS also unknown. Car Also pulls.

U.S. G.P.O.: 1992-625-087 / 8028

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

