

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

335

Date Received

21-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

868237

 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
1P3ES62C4SD244286	DODGE	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 <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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <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 08510000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH	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-AUG-2000 Mileage at Failure(s) 84000 Vehicle Speed at Failure(s) 2	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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input 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)

AFTER TURNING IGNITION SWITCH TO THE OFF POSITION, STEERING COLUMN STARTED SMOKING AND CAUGHT ON FIRE. CONSUMER HAD TO DISCONNECT BATTERY FOR FIRE TO GO OUT. *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.

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.

CONTROL ON BACK = NEEDED

WHEN I TOOK CAR TO CHRYSLER DEALER, I WAS TOLD THAT SHORT-CIRCUIT WAS CAUSED BY SOMETHING OTHER THAN RECALLED PART (COUPLED) - BUT THEY DO NOT KNOW, WHAT.

AFTER TURNING IGNITION SWITCH TO THE OFF POSITION, STEERING COLUMN STARTED SMOKING AND CAUGHT ON FIRE, CONSUMER HAD TO DISCONNECT BATTERY FOR FIRE TO GO OUT. *AK

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

Crash	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Number of Persons Injured	0	Estimated Property Damage	0	Reported to Police	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
-------	---	---------------------------	---	---------------------------	---	--------------------	---

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	0	Date(s) of Failure(s)	01-AUG-2000	Mileage at Failure(s)	64000	Vehicle Speed at Failure(s)	0
Failed Part(s)	Electrical System: Ignition Switch	Location	Front	Failed Part(s)	Original	Replacement	
Available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Failed Part(s)	Available?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	NHTSA Previously Contacted?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/>	Antilock Brakes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Restraint System	3-Point Belt <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input checked="" type="checkbox"/>	Cruise Control	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type	Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	Sport Utility <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 <input type="checkbox"/>		
Purchase Date	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Dealer's Name	AUTOMAX	City	Worcester, MA	State	MA	Zip Code		Engine Size (CID/CCL)	2.0L	No. Cylinders	4	Fuel Injection	Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/>

VEHICLE IDENTIFICATION

Vehicle Ident. No. (VIN)	1P3E962C4SD244286	Vehicle Make	DODGE	Vehicle Model	NEON	Vehicle Year	1996	Current Odometer Reading	65,375
--------------------------	-------------------	--------------	-------	---------------	------	--------------	------	--------------------------	--------

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: [Redacted] Date: 9/14/00

U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline 1-888-327-4236 NATIONWIDE 1-888-DASH-2-DOT	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ)	WORK NUMBER 628023	HOME NUMBER [Redacted]
DATE RECEIVED 09 SEP 11 PM 12:3	OFFICE 21-AUG-2000	REFERENCE NO. 868237	