

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 255

Date Received

07-SEP-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

869840

 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 windshield on drivers side)	Vehicle Make DODGE	Vehicle Model NEON	Vehicle Year 2000	Current Odometer Reading
---	------------------------------	------------------------------	-----------------------------	--------------------------

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ 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 ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
---	---	---	--	---	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
--	---	---------------------------	----------------------	---------------------------	---

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

**SPRING IN THE GAS PEDAL BROKE WHILE DRIVING AT 65 MPH, CAUSING IT TO FLY STRAIGHT UP.
DEALER HAS BEEN OCNTACTED.*AK**

CONTINUED ON BACK (REVERSE)

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.

 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 OFFICIAL USE ONLY 255 RELAY Date Received: 00 SEP 28 PM 1:58 07-SEP-2000 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print) [Redacted] 635296		Od_or _____ Od_dt _____ Od_rt _____ Up_ltr _____ Reference No. 869840	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of _____ same and address to the vehicle manufacturer.		YES ☐ NO ☐	
Signature of Owner _____ Date 9/21/00		Work Number _____ Home Number _____	
VEHICLE INFORMATION			
Vehicle Identification Number (VIN) (Look for VIN on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
18JES46C6YD588050	DODGE	NEON	2000
Purchase Date 8-13-99	Dealer's Name L&R DODGE		Engine Size (CID/CC/L) _____
☒ New ☐ Used	City Robesonia	State PA	Zip Code 19557
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No
Vehicle Type	Body Style	No Cylinders 4	
☒ Car ☐ Van ☐ Minivan ☐ Other	☐ Sport Utility ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck		
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☒ Replacement
No of Failures 2 ROKEN	Date(s) of Failure(s) Continuously Mileage at Failure(s) 8500 Vehicle Speed at Failure(s) 65	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ 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 _____	Number of Fatalities _____
Estimated Property Damage \$ _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
SPRING IN THE GAS PEDAL BROKE WHILE DRIVING AT 65 MPH, CAUSING IT TO FLY STRAIGHT UP. DEALER HAS BEEN CONTACTED.*AK NOTE DEALER Repaired problem with NO Hassel and promptly			
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.			

...INVOICED 25 147

STOCK NO: 00137

DELIVERY: 1 WEEK - POLYURETHANE WHEELS 14"

SPRING DEALER NO. : PRODUCTION DATE :

890723, 890

PLEASE PUT

24.1 53CHZ

BODY : INTERIOR

Upfärä

TECH(S) 1421

Abstract

CUSTOMER STATED REMOVE AND REPLACE GAS PIPING

REMOVE AND REPLACE GAS PEDAL. OIL TO RETURN SPEAKER BROKEN

FAIRPLAY -- 411 --	PI-PNUMBER	DESCRIPTION	UNIT PRICE

BBB # 1	1	4669739	14001001 REPAL AC
---------	---	---------	-------------------

JOB # 1 TOTAL PARTS

Abstract

Page 8 of 10

0.05

CONTENTS

1.1

FOUO

SELECT PAYMENT METHOD

CASH		CHECK		CHARGE	
DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
1/1/78	100.00	1/1/78	50.00	1/1/78	25.00
1/2/78	75.00	1/2/78	25.00	1/2/78	10.00
1/3/78	50.00	1/3/78	10.00	1/3/78	5.00
1/4/78	25.00	1/4/78	5.00	1/4/78	2.50
1/5/78	10.00	1/5/78	2.50	1/5/78	1.00
1/6/78	5.00	1/6/78	1.00	1/6/78	0.50
1/7/78	2.50	1/7/78	0.50	1/7/78	0.25
1/8/78	1.00	1/8/78	0.25	1/8/78	0.10
1/9/78	0.50	1/9/78	0.10	1/9/78	0.05
1/10/78	0.25	1/10/78	0.05	1/10/78	0.02
1/11/78	0.10	1/11/78	0.02	1/11/78	0.01
1/12/78	0.05	1/12/78	0.01	1/12/78	0.00
1/13/78	0.02	1/13/78	0.00	1/13/78	0.00
1/14/78	0.01	1/14/78	0.00	1/14/78	0.00
1/15/78	0.00	1/15/78	0.00	1/15/78	0.00
1/16/78	0.00	1/16/78	0.00	1/16/78	0.00
1/17/78	0.00	1/17/78	0.00	1/17/78	0.00
1/18/78	0.00	1/18/78	0.00	1/18/78	0.00
1/19/78	0.00	1/19/78	0.00	1/19/78	0.00
1/20/78	0.00	1/20/78	0.00	1/20/78	0.00
1/21/78	0.00	1/21/78	0.00	1/21/78	0.00
1/22/78	0.00	1/22/78	0.00	1/22/78	0.00
1/23/78	0.00	1/23/78	0.00	1/23/78	0.00
1/24/78	0.00	1/24/78	0.00	1/24/78	0.00
1/25/78	0.00	1/25/78	0.00	1/25/78	0.00
1/26/78	0.00	1/26/78	0.00	1/26/78	0.00
1/27/78	0.00	1/27/78	0.00	1/27/78	0.00
1/28/78	0.00	1/28/78	0.00	1/28/78	0.00
1/29/78	0.00	1/29/78	0.00	1/29/78	0.00
1/30/78	0.00	1/30/78	0.00	1/30/78	0.00
1/31/78	0.00	1/31/78	0.00	1/31/78	0.00
2/1/78	0.00	2/1/78	0.00	2/1/78	0.00
2/2/78	0.00	2/2/78	0.00	2/2/78	0.00
2/3/78	0.00	2/3/78	0.00	2/3/78	0.00
2/4/78	0.00	2/4/78	0.00	2/4/78	0.00
2/5/78	0.00	2/5/78	0.00	2/5/78	0.00
2/6/78	0.00	2/6/78	0.00	2/6/78	0.00
2/7/78	0.00	2/7/78	0.00	2/7/78	0.00
2/8/78	0.00	2/8/78	0.00	2/8/78	0.00
2/9/78	0.00	2/9/78	0.00	2/9/78	0.00
2/10/78	0.00	2/10/78	0.00	2/10/78	0.00
2/11/78	0.00	2/11/78	0.00	2/11/78	0.00
2/12/78	0.00	2/12/78	0.00	2/12/78	0.00
2/13/78	0.00	2/13/78	0.00	2/13/78	0.00
2/14/78	0.00	2/14/78	0.00	2/14/78	0.00
2/15/78	0.00	2/15/78	0.00	2/15/78	0.00
2/16/78	0.00	2/16/78	0.00	2/16/78	0.00
2/17/78	0.00	2/17/78	0.00	2/17/78	0.00
2/18/78	0.00	2/18/78	0.00	2/18/78	0.00
2/19/78	0.00	2/19/78	0.00	2/19/78	0.00
2/20/78	0.00	2/20/78	0.00	2/20/78	0.00
2/21/78	0.00	2/21/78	0.00	2/21/78	0.00
2/22/78	0.00	2/22/78	0.00	2/22/78	0.00

0 0150/00 1 1 DISCOVER 1 1 MAG 1 1 TIME 1 1

DATE: 10/1/68 PAGE NO: 1

* NOTE: RETURN CHECKS SET OF \$20.00 PER RETURN.

[illegible]

TOBL. LATER... 0.06

1964	EXPER. 111	7-23-64	0.00
1964	PARTS	7-23-64	0.00

10742	STABLE	100
10743	STABLE	100

TOTAL	G.O.G.	0.00
-------	--------	------

TOTAL MISL CHG.	0.00
-----------------	------

[DTM] MISC DISC 0.00

TOTAL TAX..... \$1,000.00

4542 • J. Neurosci., July 26, 2006 • 26(30):4535–4546

Final Invoice 1	0.00
-----------------	------

SEQUENCE NO.

28539

[illegible]