Form Approved: O.M.B. No. 2127-0039

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 255

Date Received: 07-SEP-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 869840

[redacted]

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	DODGE	NEON	2000	

Purchase Date	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	
☒ New ☐ Used			☐ Turbo ☐ 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 ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ 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?
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ 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 IF NEEDED

Form Approved: O M B No 2127-0008

DOT Auto Safety Hotline

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

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
00 SEP 28 PM 1:58
07-SEP-2000
OFFICE
DEFECTS INVESTIGATION

Od_or
Od_dt
od_rt
up_ltr

Reference No.
869840

OWNER INFORMATION (Type or Print)

[redacted]

635296

Work Number

Home Nu[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence o[redacted]ame and address to the vehicle manufacturer.
Signature of Ow[redacted] Date 9/21/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located on driver's side windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES46C6YD588050	DODGE	NEON	2000	9507

Purchase Date: 8-13-99 ☒ New ☐ Used

Dealer's Name: L&R DODGE
City: Robesonia State: PA Zip Code: 19551

Engine Size (CID/CC/L): —
No Cylinders: 4

☐ Turbo ☐ 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 ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Util ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures: Unknown

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	—	—	—	☐ 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

Note Dealer Repaired problem with no hassel and promptly

CONTINUE ON BACK IF NEEDED

[redacted]

CUSTOMER NO. 7727

NAME: JEROME H. KESSLING 32 CARD NO. 0037 INVOICE DATE 07/22/00 INVOICE NO. 135125347

LABOR RATE 50.00 LICENSE NO. MILEAGE IN 7541 DEPT CRANSE STOCK NO. 0037

4971VUGE7RUCN7SDN DELIVERY DATE 07/22/99 DELIVERY MILEAGE 60045

VEHICLE ID NO. 1 F 6 P E S 4 6 C 6 Y D 5 5 8 0 5 0 SELLING DEALER NO. PRODUCTION DATE

R.O. NO. P.O. NO. 09/22/00

C# ROD KICKERNOL MILEAGE OUT

LABOR & PARTS

JOB 1 53CHZ BODY / INTERIOR UNITS: TECH(S):421 WARRANTY

CUSTOMER STATES REMOVE AND REPLACE GAS PEDAL
REMOVE AND REPALCE GAS PEDAL DUE TO RETURN SPRING BROKEN

PARTS------QTY---FP-NUMBER-----------------DESCRIPTION------------------UNIT PRICE

JOB # 1 1 4669789 14001001 PEDAL AC WARRANTY

JOB # 1 TOTAL PARTS 0.00

JOB # 1 TOTAL LABOR & PARTS 0.00

COMMENTS

WAIT

TOTALS

************** SELECT PAYMENT METHOD ***************	TOTAL LABOR....	0.00
* CASH [ ] CHECK [ ] CHECK # [ ] CHARGE [ ] *	TOTAL PARTS....	0.00
* VISA/MC [ ] DISCOVER [ ] RAC [ ] TIME [ ] *	TOTAL SUBLET...	0.00
	TOTAL G.O.G....	0.00
* CAFE [ ] CASHIER'S INITIALS [ ] *	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
* NOTE: RETURN CHECK FEE OF $20.00 PER RETURN. *	TOTAL TAX......	0.00
**	TOTAL INVOICE $	0.00

[redacted]

SEQUENCE NO.

28539

PAGE 1 OF 1 END OF INVOICE 1