

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

Data Received

20-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

871009

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1P3ES27C3TD533131	DODGE	NEON	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021	Part Name(s) ENGINE:GASKETS:VALVE COVER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <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-SEP-2000 Mileage at Failure(s) 74500 Vehicle Speed at Failure(s) 0	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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
VEHICLE GOT HOT AND HAS DEVELOPED AN OIL LEAK, TOOK TO DEALER , ANDTHEY SAID IT WAS ENGINE HEAD GASKET PROBLEM, THAT MAY HAVE DAMAGED ENGINE.*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		FOR AGENCY USE ONLY 335	
 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	
OWNER INFORMATION (Type or Print) [Redacted] 640349		FOR AGENCY USE ONLY Date Received: 09 OCT 11 AM 9:32 20-SEP-2000 OFFICE DEFECTS INVESTIGATION	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an [Redacted] signature, NOT provide your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 10/24/2000	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1P3ES27C3TD533131	DODGE	NEON	1996
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
06150021	ENGINE:GASKETS:VALVE COVER	<input type="checkbox"/> Left <input type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear <input type="checkbox"/> Original Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	01-SEP-2000 Mileage at Failure(s) 74500 Vehicle Speed at Failure(s) 0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	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)			
VEHICLE GOT HOT AND HAS DEVELOPED AN OIL LEAK, TOOK TO DEALER , ANDTHEY SAID IT WAS ENGINE HEAD GASKET PROBLEM, THAT MAY HAVE DAMAGED ENGINE.*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.			



3777 Gerstner Memorial Drive
 Lake Charles, LA 70607
 337-474-2640



The undersigned authorizes the repair and/or service work listed herein or to be listed hereon on verbal approval, to be performed on the vehicle herein described along with the necessary parts and materials and not to exceed that have read this contract including all of the important additional terms and conditions provided on the reverse hereof.

REPAIRS WARRANTED 90 DAYS OR 4,000 MILES

PRELIMINARY ESTIMATE PARTS & LABOR \$ _____

TERMS: STRICTLY CASH (NO FIN. ARRANGEMENTS MADE)

REVISED ESTIMATE \$ _____ PERSON CONTACTED _____

PHONE _____ DATE _____ TIME _____

Warranty Statement: Any warranties on the products sold hereby are those made by the manufacturer. The Seller, hereby expressly declines all warranties, either express or implied including any implied warranty of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for any liability in connection with the sale of said products.

NOT RESPONSIBLE FOR ANY CB RADIOS, CB ANTENNAS, TAPE DECKS, CAPES OR ANY PERSONAL ITEMS LEFT IN THIS VEHICLE. A \$5.00 PER DAY CHARGE MAY BE ASSESSED AFTER THE CUSTOMER HAS BEEN NOTIFIED FOR VEHICLE PICKUP.

ON BEHALF OF SELLING, I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREON IS ALL TRUE UNLESS OTHERWISE SHOWN OTHERWISE ON THIS BILL WHICH IS RETURNED AT MY CHARGE TO OWNER. THERE WAS NO INDICATION FROM THE APPEARANCE OF THE VEHICLE OR OTHERWISE THAT ANY PAID REPAIRS OR REPLACED UNDER THIS CLAIM HAD BEEN DONE. THE CLAIM MAY WITH ANY ACCIDENT, NEGLIGENCE OR MISUSE RECORDS SUPPORTING THIS CLAIM BE AVAILABLE FOR (1) YEAR FROM THE DATE OF PAYMENT NOTIFICATION AT THE SELLING DEALER FOR INSPECTION BY REPRESENTATIVES OF MANUFACTURER.

(CHECK 2/3 APPROPRIATE BOX)

CLAIMS REVIEW AUTHORIZATION TO SUBMIT CLAIM SALES

\$ _____ PARTS \$ _____ LABOR \$ _____ TOTAL \$ _____

TERMS: STRICTLY CASH

TOTAL LABOR	PERCENT	\$	ALLOWANCE
TOTAL PARTS	PERCENT	\$	ALLOWANCE
TOTAL TAX			

(SIGNATURE OF SALES GENERAL MGR. OR AUTHORIZED PERSON) _____

PROGRAM CODE _____ AUTHORIZATION NUMBER _____ COMMITMENT NUMBER _____

DATE SERVICE PERFORMED _____

VISITING OWNER _____

CUSTOMER NO. 1B167

ADVISOR: MALE-RED H. HALLS 126
 LABOR RATE: 2007.35
 YEAR MAKE / MODEL: 95 / PLYMOUTH / NEOPHON
 VEHICLE NO: 1P3E220RTU533131
 FTE NO: _____ H.O. NO: _____

CARD NO: 1976
 MAKE / DATE: 07/21/00
 COLOR: BLACK /
 DELIVERY DATE: 05/06/00
 STOCK NO: T1533131
 Del. VEH. MILES: 74048
 SELLING DEALER NO: _____
 PRODUCTION DATE: _____
 REC. DATE: 09/07/00

LABOR & PARTS JOB # 09DQZZ ENGINE TECH(S): 265 546.00
 CUST STATES VEH. BURNS ABOUT 2 QUARTS OF OIL PER WEEK AND YOU CAN SEE BLEW SMOKE OUT EXHAUST VEH. RIMS HOT CHANGED HEAD AND WATER PUMP AND TIMING BELT

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	16	4648619	SEAL VALV 9011001	3.26	52.16
JOB # 1	1	5014135-AC	GSKT P/B 9001005	98.80	98.80
JOB # 1	1	4667660	PUMP WATE 9042001	107.35	107.35
JOB # 1	1	4067563	SEAL WATE 9011001	4.84	4.84
JOB # 1	1	5278144-AA	THRMOSTAT 9041004	11.14	11.14
JOB # 1	1	4667606	BELT TIM 9020003	104.50	104.50
JOB # 1	3	4997180-AG	CLEANER B 10B1025	5.63	16.89
JOB # 1	1	4267020-Ab	LUB AND C 10B1034	12.60	12.60
JOB # 1	1	4667953	HEAD CYL 9005004	620.00	620.00
JOB # 1	1	4018031	ADHESIVE 1001000	6.75	6.75
JOB # 1	1	4621717	MOSE CYL 1408002	3.38	3.38
				JOB # 1 TOTAL PARTS	1039.41
				JOB # 1 TOTAL LABOR & PARTS	1584.41

JOB # 2+26DQZLOF LUBE, OIL, FILTER TECH(S): 265 8.38
 CUST STATES PERFORM A OIL, LUBE AND FILTER CHANGE AND CHECK FLUIDS

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2	1	PKCASS	OIL CHANGE	11.50	11.50
JOB # 2	5	MPCASSO TL		XXXX	XXXX
JOB # 2	1	4105409	FILTER EM 905/006	XXXX	XXXX
				JOB # 2 TOTAL PARTS	11.50
				JOB # 2 TOTAL LABOR & PARTS	19.88

TOTALS: TOTAL LABOR 554.98
 TOTAL PARTS 1049.91
 TOTAL SUBLET 0.00
 TOTAL O.B.G. 0.00
 TOTAL MISC CHG. 0.00
 TOTAL MISC DISC 0.00
 TOTAL TAX 136.78

CASH..... CNA..... CHANGE..... TOTAL INVOICE \$ 1740.67
 AMEX..... VISA/MC 252.00 DISCOVER.....
 ACCEPTED BY: [Signature] 1408.67

CUSTOMER SIGNATURE: _____
 ***** DUPLICATE INVOICE *****
 PAGE 1 OF 1 E END OF INVOICE 1 13:50:05