

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 150

Date Received

18-OCT-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

873297

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES27C5TD673733	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 checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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 05150020	Part Name(s) ENGINE:GASKETS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 60000 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	Number of Fatalities	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)

HEAD GASKET FAILED CAUSING A TERRIBLE OIL LEAK AT ONLY 60,000 MILES. PLEASE PROVIDE FURTHER INFORMATION.

CONTINUED ON BACK PLEASE

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.

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Vehicle Owner's Questionnaire (VOQ)
 DATE RECEIVED: 3 OCT 2000
 OFFICE: DEFECT INVESTIGATION
 WORK NUMBER: 647973
 HOME NO: [REDACTED]

FOR AGENCY USE ONLY 150
 Od or n dt up, jr
 Reference No. 673297

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) 1B3ES27C5TD673733
 Vehicle Make DODGE
 Vehicle Model NEON
 Vehicle Year 1996
 Current Odometer Reading 60,700

Purchase Date 5/25/96
 Used New
 Dealer's Name WHITE PAINS BOBBS
 City/STATE/Zip Code WHITE PLAINS NY

Engine Size (CID/CC) No Cylinders 4
 Turbo Diesel Gas Fuel Injection

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type Automatic Manual
 Restraint System 3-Point Belt 2-Point Belt
 Airlock Brakes Yes No
 Motorbelt Motorbelt 2-Point Belt
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Minivan Other
 Truck Motorcycle Spud UR
 Body Style 2-Door 4-Door Station Wagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06150021
 Part Name(s) ENGINE:GASKETS:VALVE COVER
 Location Front Left Right Rear
 Failed Part(s) Original Replacement
 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(ES)

HEAD GASKET FAILED, CAUSING A TERRIBLE OIL LEAK AT ONLY 60,000 MILES. PLEASE PROVIDE FURTHER INFORMATION. AK

MY LOCAL STRAIGHT MECHANIC HAD FIXED 3 NEONS WITH THIS SAME PROBLEM. CAMPUS BOBBE W THE BOBBS NY, TOLD ME THEY HAD REPAIRED THIS MODEL ON 3-6 BOBBE NEONS, AND CROTON BOBBE, IN CROTON ON - HUDSON, NY TOLD ME THEY HAD REPAIRED APPROXIMATELY (160) BOBBE NEONS WITH THE

CONTRACT ON BACKMATTER OF THIS FORM

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