



U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY** 335

Data Received

28-NOV-2000

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

875564

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
1B3ES22C4TD529713	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 06500000	Par. Name(s) ELECTRICAL SYSTEM:IGNITION	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) _____ Mileage at Failure(s) 77651 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)

AT ANY SPEED CAR WILL DIE. CONSUMER WILL NOT HAVE POWER STEERING. CONSUMER FEARS THAT MAY HAVE A WRECK BECAUSE OF NO STEERING OR LOSS OF SPEED ON HIGHWAY. \*AK

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.

 <p><b>DOT Auto Safety Hotline</b>  <b>Vehicle Owner's Questionnaire (VOQ)</b>          U.S. Department of Transportation          National Highway Traffic Safety Administration          NATIONALWIDE 1-888-DASH-2-DOT          1-888-327-4236          www.nhtsa.dot.gov/hotline</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: right;"><b>FOR AGENCY USE ONLY 335</b></td> </tr> <tr> <td style="width:60%;">                 Date Received  <b>RECEIVED</b>                  28 NOV 2000                  OFFICE OF INVESTIGATION             </td> <td style="width:40%;">                 Od_or _____                  rt_dt _____                  od_rt _____                  up_itr _____             </td> </tr> <tr> <td colspan="2">Reference No. <b>875564</b></td> </tr> <tr> <td colspan="2">Work Number _____</td> </tr> <tr> <td colspan="2">Home Number _____</td> </tr> </table>	<b>FOR AGENCY USE ONLY 335</b>		Date Received <b>RECEIVED</b> 28 NOV 2000 OFFICE OF INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_itr _____	Reference No. <b>875564</b>		Work Number _____		Home Number _____	
<b>FOR AGENCY USE ONLY 335</b>											
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Reference No. <b>875564</b>											
Work Number _____											
Home Number _____											
<b>OWNER INFORMATION (Type or Print)</b>											
<b>657727</b>											

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of \_\_\_\_\_, please provide your name and address to the vehicle manufacturer.  
 Signature of Owner \_\_\_\_\_ Date 12/15/00

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> <b>1B3ES22C4TD529713</b>	Vehicle Make <b>DODGE</b>	Vehicle Model <b>NEON</b>	Vehicle Year <b>1996</b>	Current Odometer Reading <b>77850</b>			
Purchase Date <b>FEB. 1996</b>	Dealer's Name <b>ST. MARYS CHRYSLER PLYMOUTH</b>			Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo Diesel Gas		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>ST. MARYS</b> State <b>OH.</b> Zip Code <b>45885</b>			No Cylinders <b>4</b>	<input checked="" type="checkbox"/> Fuel Injection		
Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4 Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input checked="" 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 <b>08600000</b>	Part Name(s) <b>ELECTRICAL SYSTEM:IGNITION</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>NUMEROUS</b>	Date(s) of Failure(s) <b>28-NOV-1999 FIRST TIME</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mileage at Failure(s) <b>20-70 MPH!</b>			
Vehicle Speed at Failure(s) <b>VARIABLE SPEEDS ANYWHERE FROM 20-70 MPH!</b>			

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>0</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**AT ANY SPEED CAR WILL DIE. CONSUMER WILL NOT HAVE POWER STEERING. CONSUMER FEARS THAT MAY HAVE A WRECK BECAUSE OF NO STEERING OR LOSS OF SPEED ON HIGHWAY. 'AK CAR GIVES NO WARNING WHATSOEVER THAT IT IS GOING TO SHUT OFF, NO WARNING LIGHTS, NO SPUTTERING OR ANYTHING. ENCLOSED IS A RECALL NOTICE FOR 1996 NEONS. I NEVER GOT A NOTICE BECAUSE MY CAR WASN'T BUILT AT THIS PLANT, BUT THIS SURE SOUNDS LIKE THE PROBLEM I HAVE. (TURN OVER)**

CONTINUE ON BACK IF NEEDED

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586-7260

**Vehicle: All Technical Service Bulletins  
Safety Recall # 676 Engine Wiring Harness Routing**

Version  
February, 1999

To: All Dodge and Chrysler Plymouth Dealers

Subject:  
Safety Recall # 676 Engine Wiring Harness Routing

Models  
1996 Model Year Dodge and Plymouth Neon (PL) Vehicles Built at the Toledo Assembly Plant (TAP) in the Elm Vets Postment Through November 23, 1995 (ACMI 112310)

The portion of the engine wiring harness which connects to the power distribution center (PDC) and the powertrain control module (PCM) may be improperly routed. A mis-routed harness may short circuit due to contact with the exhaust gas recirculation (EGR) tube. Shorting of the harness may cause various electrical malfunctions, including engine die-out. To correct this condition, the wiring harness must be properly routed and any damaged wiring must be repaired.

**IMPORTANT:**

Some of the involved vehicles may be in dealer new vehicle inventory. Federal law requires you to complete this recall service on these vehicles before retail delivery. Dealers should also consider this requirement to apply to used vehicle inventory, and should perform this recall on vehicles in for service as determined by using DIAL System Function 79.

Details of this service action are explained in the following sections:

Service Procedure Videotape

No videotape of the service procedure for this recall will be provided.

Dealer Notification & Vehicle List

Involved dealers:

Each dealer to whom involved vehicles were invoiced (or the current dealer at the same street address) will receive a copy of this dealer recall notification letter and a list of the involved vehicles by first class mail.

The Vehicle List is arranged in Vehicle Identification Number (VIN) sequence. Owners known to Chrysler are also listed. This list is for dealer reference in arranging for service of involved vehicles.

All other dealers:

Each Dodge and Chrysler Plymouth dealer who does not receive a Vehicle List will receive a copy of this dealer recall notification letter by first class mail.

DIAL System Function 79

All involved vehicles will be entered in DIAL System Function 79 at the time of recall implementation by dealer inquiry by VIN as needed.

Parts

No parts are required for this service.

Owner Notification and Service Scheduling

All involved vehicle owners known to Chrysler are being notified of the service requirement by first class mail. They are requested to schedule appointments for the service with their dealers. A copy of the owner notification letter is included.

Enclosed with each owner notification is an Owner Notification Form. The involved vehicle and recall are identified on the form for the dealer reference as noted.

Completion Reporting and Reimbursement

Claims for vehicles added to a vehicle's service history must be submitted on the DIAL System. Claims submitted will be used by Chrysler to record recall service completion and provide dealer payments.