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|---|---|---|---|------------------------------------|--|----------|--|----------|--|
| <p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 758</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Date Received 12-JAN-2001</td> <td style="width:40%;"> Od_or _____ rt_dt _____ od_rt _____ up_itr _____ </td> </tr> <tr> <td colspan="2">Reference No. 878106</td> </tr> <tr> <td>Work Num</td> <td></td> </tr> <tr> <td>Home Num</td> <td></td> </tr> </table> | Date Received 12-JAN-2001 | Od_or _____ rt_dt _____ od_rt _____ up_itr _____ | Reference No. 878106 | | Work Num | | Home Num | |
| Date Received 12-JAN-2001 | Od_or _____ rt_dt _____ od_rt _____ up_itr _____ | | | | | | | | |
| Reference No. 878106 | | | | | | | | | |
| Work Num | | | | | | | | | |
| Home Num | | | | | | | | | |
| OWNER INFORMATION (Type or Print) | | | | | | | | | |
| | | | | | | | | | |

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 or driver's side) ADD | Vehicle Mak DODGE | Vehicle Model NEON | Vehicle Year 1996 | Current Odometer Reading |
| Purchase Date | Dealer's Name _____ | | Engine Size (CID/CC) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | | No Cylinders _____ | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Anti-lock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel |
| | | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|--|---|---|---|
| Component 05160021 15300000 11600000 | Part Name(s) ENGINE:GASKETS:VALVE COVER EQUIPMENT:SPEED CONTROL AIR CONDITIONER | Locator <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) 01-JUL-1998 Mileage at Failure(s) 93000 Vehicle Speed at Failure(s) _____ | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 Damag |
| | | | | Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

HAD HEAD GASKET REPLACED IN JULY 1998. CURRENTLY, LEAKING AGAIN. DEALER TOLD CONSUMER FIRST TIME, DEALER HAD TO USE FAULTY PART. DODGE PAID FOR REPAIR FIRST TIME. CURRENTLY, THEY REFUSE. ALSO, HAD TO HAVE AIR CONDITIONER AND CRUISE CONTROL REPLACED. *AK

DO NOT WRITE IN THESE SPACES

The Privacy Act of 1974-Public Law 93-502 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.



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 758

Date Received

11 FEB -2 0011:2
12-JAN-2001

Od_or
rt_dt
ad_rt
up_tr

OWNER INFORMATION (Type or Print)

666521

Work Number

Home Number

Reference No.

878106

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA will assume that you do not authorize the vehicle manufacturer.

Signature of Owner

Date 01/30/01

VEHICLE INFORMATION

| | | | | |
|---|---|---|--|--|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) ADD 1B3E547C3T05525684 | Vehicle Make DODGE | Vehicle Model NEON | Vehicle Year 1996 | Current Odometer Reading 93,200 |
| Purchase Date June 96 | Dealer's Name Portage | City Portage | State WI | Zip Code |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Engine Size (CID/CC/L) No Cylinders | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drive Train <input 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 type="checkbox"/> 2-Door <input checked="" 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 05180021 16300000 11800000 | Part Name(s) ENGINE GASKETS: VALVE COVER EQUIPMENT: SPEED CONTROL AIR CONDITIONER | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures | Date(s) of Failure(s) 01-JUL-1998 Mileage at Failure(s) 93000 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 |
|--|---|---------------------------|----------------------|---------------------------|---|

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

HAD HEAD GASKET REPLACED IN JULY 1998. CURRENTLY, LEAKING AGAIN. DEALER TOLD CONSUMER FIRST TIME, DEALER HAD TO USE FAULTY PART. DODGE PAID FOR REPAIR FIRST TIME. CURRENTLY, THEY REFUSE. ALSO, HAD TO HAVE AIR CONDITIONER AND CRUISE CONTROL REPLACED. *AK

Air conditioning was replaced in 1998 (2 weeks) before head gasket went out / Now it is not working again - Breaks are loud - Had alot of electrical work done.

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.