



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 160

Date Received

13-MAR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

882848

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>(Locate at bottom of and/or on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading | | |
| 1B3E327C5TD629361 | DODGE | NEON | 1996 | | | |
| Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input 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 Bel <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 Util <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 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"/> Front <input type="checkbox"/> Rear | Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failure 2 | Date(s) of Failure(s) _____ Mileage 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 Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|---|

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

HEAD GASKET WAS REPLACED AT 35,000 MILES AND AGAIN AT 71,000 MILES DUE TO POOR DESIGN.
PLEASE PROVIDE FURTHER INFORMATION.*AK

COPIES OF THIS FORM ARE:

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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

Vehicle Owner's Questionnaire (VOQ)
 OWNER INFORMATION (Type or Print)
 ROBERT ROIGER
 679784
 95 THOMAS ST
 OH 44583
 TIFFEN

FOR AGENCY USE ONLY 150
 Date Received 13-MAR-2001
 Reference No. 882848
 Work Number
 Home Number 419-447-1516

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 Signature of Owner *Robert Roiger* Date *3/13/01*
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

VEHICLE INFORMATION
 Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1B3E327C5TD629361
 Vehicle Make DODGE
 Vehicle Model NEON
 Vehicle Year 1996
 Current Odometer Reading

Purchase Date 7-96
 Dealer's Name Coppus Motors
 City Jefferson State OH Zip Code 44883
 Engine Size (CID/CCL) 2.2
 Fuel Injection Gas Diesel Turbo
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Motorbelt 2-Point Belt
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Truck Motorcycle Other
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component 05150021
 Part Name(s) ENGINE: GASKETS: VALVE COVER
 Location Front Left Right Rear
 Failed Part(s) Original Replacement
 No of Failures 2
 Date(s) of Failure(s) 3-15-96 / 1-29-01
 Mileage at Failure(s) 35,284
 Vehicle Speed at Failure(s) 27, 131
 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)
 Cash 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(IES)
 HEAD GASKET WAS REPLACED AT 35,000 MILES AND AGAIN AT 71,000 MILES DUE TO POOR DESIGN. PLEASE PROVIDE FURTHER INFORMATION, IF ANY.

COULD USE ON BACK IF NEEDED
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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

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