



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 241

Date Received

13-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

882914

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1B3ES47C0WD566296		DODGE	NEON	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
				Body Style	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150021 05150022 07380000	Part Name(s) ENGINE:GASKETS:VALVE COVER ENGINE:GASKETS:OIL PAN POWER TRAIN:TRANSMISSION:AUTOMATIC:COOLING UNIT AND	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 15-JAN-2001 33162 Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEAD GASKET AND OIL PAN GASKET FAILURES. VEHICLE TAKEN TO AN INDEPENDENT REPAIR SHOP FOR REPAIRS. CURRENTLY, A TRANSMISSION REAR GASKET FAILURE OCCURRED, CAUSING FLUID LEAKAGE. DEALER WAS NOT NOTIFIED AT THIS TIME. PLEASE PROVIDE ANY FURTHER DETAILS ON THESE MATTERS. *AK

COPIES OF REPORTS - SEE PAGE 2

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 Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 13-MAR-2001	Od_or _____ rh_dt _____ od_rt _____ up_ltr _____
		Reference No. 852914	
OWNER INFORMATION (Type or Print)			
		679874	
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 <u>04/03/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of driver's side)	Vehicle Make DODGE	Vehicle Model NEON	Vehicle Year 1998
		Current Odometer Reading	
Purchase Date ☐ New ☒ Used	Dealer's Name <u>E.W. Brown</u> City <u>Jacksonville</u> State <u>FL</u> Zip Code _____		Engine Size (CID/CC/L) <u>2.0L</u> No Cylinders <u>4</u>
Transmission Type ☐ Manual ☒ Automatic Anti-lock Brakes ☒ Yes ☐ No Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Inverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag Cruise Control ☒ Yes ☒ No Drive Train ☒ Front ☐ Rear ☐ 4-Wheel Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other Body Style ☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05150021 05160022 07380000	Part Name(s) ENGINE: GASKETS: MAIN COVER Head Gasket K.T. ENGINE: GASKETS: OIL PAN Rear main Seal K.T. POWER TRAIN: TRANSMISSION: AUTOMATIC: COOLING UNIT AND L		Location ☐ Left ☐ Right ☐ Front ☐ Rear
No of Failures Date(s) of Failure(s) <u>15-JAN-2001</u> Mileage at Failure(s) <u>53162</u> Vehicle Speed at Failure(s) _____		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(IES)			
HEAD GASKET AND OIL PAN GASKET FAILURES. VEHICLE TAKEN TO AN INDEPENDENT REPAIR SHOP FOR REPAIRS. CURRENTLY, A TRANSMISSION REAR GASKET FAILURE OCCURRED, CAUSING FLUID LEAKAGE. DEALER WAS NOT NOTIFIED AT THIS TIME. PLEASE PROVIDE ANY FURTHER DETAILS ON THESE MATTERS. *AK			

CONTINUE 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)

(Page 1 through Page 2)



