



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 117

Date Received

15-MAR-2001

Od_or	_____
rt_dt	_____
pd_rt	_____
sp_lr	_____

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

RECEIVED

RECEIVED

Form Approved: O.M.B. No. 2127-0005



DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
National Highway Traffic Safety Administration

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4238
www.nhtsa.dot.gov/hotline

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Date Received 15-MAR-2001
DEFECTS IN FRAG
Od or rt (pt) _____
od rt up (tr) _____

Reference No.
883192

OWNER INFORMATION (Type or Print)

[Redacted] **680432**
Work No. _____
Home No. _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

Signature of Owner _____ Date 4/12/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) _____ Vehicle Make **DODGE** Vehicle Model **NEON** Vehicle Year **1996** Current Odometer Reading **85,250**

Purchase Date 2-12-00 Dealer's Name Herb Chambers Engine Size (CID/CC/L) _____ Turbo
 New Used City Auburn State MA Zip Code _____ No Cylinders 4 Gas
Fuel Injection

Transmission Type Manual Automatic Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control Yes No Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Utl Truck Minivan Motorcycle Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **08300990** Part Name(s) **ELECTRICAL SYSTEM: WIRING** Location Left Right
06100000 **ENGINE** Front Rear Failed Part(s) Original Replacement
07300000 **POWER TRAIN: TRANSMISSION: AUTOMATIC**

No of Failures _____ Date(s) of Failure(s) 16-FEB-2000 Failed Part(s) Available? Yes No
Mileage at Failure(s) 85 NHTSA Previously Contacted? Yes No
Vehicle Speed at Failure(s) _____

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)

WHILE DRIVING ENTIRE ELECTRICAL SYSTEM WENT OUT. HAD NO INTERIOR OR OUTSIDE LIGHTS. HAD SOME LEAKAGE FROM TRANSMISSION ANDS ENGINE. TOOK VEHICLE TO DEALERSHIP, AND MECHANIC REPAIRED LEAKAGES/STARTER/HEAD GASKETS, OIL PRESSURE SWITCH, AND WINDSHIELD WIPERS.*AK
to Rear floor boards, causing corrosion. When using direction signal left or right doesn't shut-off. Rear speaker not working. Did a check with VIN# found out this car has been in several accidents

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 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.