



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

03-JUL-2001

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

Reference No.

891921

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>1B3ES47CLSD359157</b>	<b>DODGE</b>	<b>NEON</b>	<b>1995</b>			
Purchase Date <input type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" 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 type="checkbox"/> Yes <input checked="" 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 02152000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER:BALL	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	Date(s) of Failure(s) 30-JUN-2001 522662 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
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

**LEFT FRONT WHEEL CAME OFF WHILE BACKING OUT OF DRIVEWAY. VEHICLE TOW TO DEALER SHOP, AND INFORMED CONSUMER THAT LEFT FRONT LOWER BALL JOINT DISCONNECTED. PROVIDE ANY FURTHER DETAILS. \*AK**

CONFIDENTIAL - NHTSA

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.



# Vehicle Owner's Questionnaire (VOQ)

DOT Auto Safety Hotline

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

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

700414

691921

Reference No.

DATE RECEIVED  
03-JUL-2001  
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 241

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

A copy of report to the manufacturer of your vehicle?  
 YES  
 NO

NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Date: 7-10-01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]

Vehicle Make: DODGE

Vehicle Model: NEON

Vehicle Year: 1995

Current Odometer Reading: 53500

Purchase Date: 8-95

Dealer's Name: [Redacted]

City: [Redacted] State: OH Zip Code: [Redacted]

Engine Size (CID/CYL): 1.4L 4 No Cylinders

Fuel Injection:  Gas  Diesel  Turbo

Transmission Type:  Manual  Automatic

Antilock Brakes:  Yes  No

Restraint System:  3-Point Belt  Motorbell  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: 02152000

Part Name(s): SUSPENSION:DEPENDENT FRONT CONTROL ARM:LOWER:BALL

Location:  Left  Right

Failed Part(s):  Original  Replacement

No of Failures: 1

Date(s) of Failure(s): 30-JUN-2001

Mileage at Failure(s): 522667

Vehicle Speed at Failure(s): 2 Miles per hr.

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:  $\phi$   
Number of Failures:  $\phi$   
Estimated Property Damage:  $\phi$   
Reported to Police:  Yes  No

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

LEFT FRONT WHEEL CAME OFF WHILE BACKING OUT OF DRIVEWAY. VEHICLE TOW TO DEALER SHOP, AND INFORMED CONSUMER THAT LEFT FRONT LOWER BALL JOINT DISCONNECTED. PROVIDE ANY FURTHER DETAILS. \*AK

CONTROL ON BACK IF NEEDED

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