Form Approved: OMB No. 2127-0042

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 252

Date Received: 03-OCT-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 897318

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1P3ES47C6TD568631	PLYMOUTH	NEON	1996	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08500000	ELECTRICAL SYSTEM:IGNITION	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
0	01-JUN-2001 / 10000 / 0	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE TRAVELING ON HIGHWAY AND WITHOUT PRIOR WARNING VEHICLE WILL CUT OFF. DEALERSHIP IS AWARE OF PROBLEM.*AK

CONTINUED ON REVERSE

Form Approved. O.M.B. No. 2127-0008

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 252

Date Received 01/23 PM
REFERENCE 2001
SAFETY DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_dt

Reference No. 997318

OWNER INFORMATION (Type or Print)

[redacted] 718704

Work Number

Home Nu [redacted]

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 Owne [redacted] Date 10/10/01

VEHICLE INFORMATION

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1P3ES47C6TD568631	PLYMOUTH	NEON	1996	104,023

Purchase Date

☐ New ☒ Used

Dealer's Name MYCARCO

City Cecil State OH Zip Code 43224

Engine Siz (CID/CC/L 2.0

No Cylinders 4

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
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No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
0	01-JUN-2001 Mileage at Failure(s) 10000 Vehicle Speed at Failure(s) 0	☒ Yes ☐ No	☒ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

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CONTINUE ON BACK IF NEEDED