U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

03 FEB 19 PM 3:10
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 100079

Date Received	Repository
10-JAN-2003	
Reference No. 10002526	

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City JEFFERSON CITY	State MO	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	
Evening Telephone Number	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1JC524227488637	CHEVROLET	CAVALIER	2002

Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
8-27-02	Bills	573-634-2324		
Original Owner ☒	Dealer's City: Jefferson City	State: MO Zip Code: 65102	4	Reg. Unleaded

Transmission Type			Vehicle Component Code
Automatic	☐ Antilock Brakes ☒ Cruise Control	Powertrain	045200 SERVICE BRAKES, AIR:DISC:PADS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-JAN-2003			

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMALSABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

this could be caused sometimes!

CONSUMER STATES WHEN APPLYING THE BRAKES AT ANY SPEED, THE REAR BRAKES SQUEAL. DEALER HAS BEEN NOTIFIED ON SEVERAL OCCASIONS AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*JB

Brakes make a grinding sound sometimes when they are applied. Also the rear makes a whup, whup, whup sound sometimes when brakes are applied - this sounds like a belt flapping or something.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY