



DOT Auto Safety Hotline

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

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

Repository

21 SEP 2003

Reference No.
100-90665

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PORT SAINT LUCIE State: FL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]

E-mail Address

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: 9/1/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side PLEASE FILL IN: 2G1WL52M3W929148E		Make: CHEVROLET	Model: LUMINA	Model Year: 1998
Date Purchased: 10/98	Dealer's Name and Telephone Number: ED MORSE		Engine No: Cylinders: 6	Fuel Type:
Original Owner: R	Dealer's City: SUNRISE FLA	State: FLA	Zip Code:	
Transmission Type: [Redacted]	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain: [Redacted]	Vehicle Component Code: 015000 STEERING:HYDRAULIC POWER ASSIST SYSTEM	
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: YES	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-SEP-2003	Failure Mileage: 100	Failure Speed: 20	Failure Location: [Redacted]
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ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted]	Tire Model (Name or Number): [Redacted]	Tire Size (Example P215/65R15): [Redacted]
DOT No. (Example: D0THAL9ABC036): [Redacted]	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: [Redacted]
Tire Component Code: [Redacted]	Tire Failure Type: [Redacted]	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), condition, and injury(s).)

Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: [Redacted]	Number of Deaths: [Redacted]	Reported to Police: N
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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(s), parts repaired or replaced (and if old part is available).

THE POWER STEERING LOCKED WHEN THE DRIVER ATTEMPTED TO TURN THE STEERING WHEEL TO THE LEFT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION: *RLM

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

The Privacy Act of 1974-Public Law 93-502 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.