



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

FOR AGENCY USE ONLY 1367

Date Received

30-SEP-2003

Repository

Reference No.
10041991

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CROSS PLAINS State: TN Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of a signature or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 10/7/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1YY22G0W5109337
Make: CHEVROLET Model: CORVETTE Model Year: 1998

Date Purchased: 8-7-03 Dealer's Name and Telephone Number: Campbell Chevrolet
Original Owner: Dealer's City: Bowling Green State: KY Zip Code: [Redacted] Engine No./Cylinders: 8 Fuel Type: GAS
Transmission Type: Auto Antilock Brakes: Powertrain: [Redacted] Vehicle Component Code: 01220 STEERING: COLUMN LOCKING: ANTI-THEFT DEVICE
Cruise Control: Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 9-27-03 Failure Mileage: 73000 Failure Speed: 0-5mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/85R15): [Redacted]
DOT No. (Example: DOTM19ABC056): [Redacted] Original Equipment: 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), crash(es), and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: 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).

WHILE PULLING OUT OF A PARKING SPACE STEERING WHEEL LOCKED UP. WHEN THIS OCCURRED IGNITION FAILED TO OPERATE WHICH CAUSED THE ENGINE TO DIE. THERE WAS A CONSUMERS SATISFACTION CAMPAIGN ON THIS ISSUE. *AK

After this occurred, you could restart car and drive it but the steering column lock was still engaged. CAR would move but no steering!

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

The Privacy Act of 1974 (Public Law 93-578) 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.