



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 100161

Date Received: 2004 06 16 12:03 PM
Repository:
Reference No.: 10050184

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: CAPE CORAL State: FL Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]
Evening Telephone Number: [Redacted]
E-mail Address: [Redacted]

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 cannot provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 12/29/03

VEHICLE INFORMATION

T1 tag Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1YY2265 [Redacted]
Make: CHEVROLET Model: CORVETTE Model Year: 1998
Date Purchased: 11-10-03 Dealer's Name and Telephone Number: Purchased Used from Private owner
Engine: No. Cylinders: 8 Fuel Type: Premium
Original Owner: Dealer's City: State: Zip Code:
Transmission Type: AUTOMATIC
 Antilock Brakes Powertrain
 Cruise Control
Vehicle Component Code: 22000 SEATS
Multiple Failures:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): Failure Mileage: 44800 Failure Speed:

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: DOT1MALSABC036) 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), condition, and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: Number of Deaths: 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).

THE DRIVER AND PASSENGER SEATS SHIFT FORWARD ABOUT A HALF INCH WHEN THE VEHICLE IS IN MOTION. THIS HAS CAUSED THE DRIVER TO ACCELERATE UNINTENTIONALLY. *AK

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

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

This incident was reported to Chevrolet (case# 1-136610528) and I was instructed to take the vehicle to my local Chevrolet dealer who determined it was a part called "Seat RISK" and was told it is a common problem on '98 Corvettes. GM decided to do nothing and closed the file under my objections

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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400 Seventh St., S.W. Washington, D.C. 20580

Official Business Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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COMPLETE THIS FORM
OR

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and dial toll free at

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1-888-327-4238

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(DASH) & DOT



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