



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

DOT Auto Safety Hotline

### Vehicle Owner's Questionnaire

2004 DEC 27 To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received

23-EEB-2004  
2004 DEC 27

Repository

Reference No.  
10059550

#### OWNER INFORMATION (Type or Print)

Name

Address

City FLINT

State MI

Zip Code

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?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 12-16-04

#### VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side

VIN: 1G1JC1248

Make

CHEVROLET

Model

CAVALIER

Model Year

1996

Date Purchased

4/96

Dealer's Name and Telephone Number

APPLE GATE

Engine:

No: Cylinders

Fuel Type:

Original Owner

Dealer's City

Flint

State

MI

Zip Code

48503

Transmission Type

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

080000 ENGINE AND ENGINE COOLING

Multiple Failure: 5

#### FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-FEB-2004

Failure Mileage

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: DOTM18ABC036)

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

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).

VEHICLE STALLED CAUSING THE DRIVER TO PULL OFF THE ROAD. \*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.

**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**