



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 100147

Date Received

2004 APR -6 PM
02-MAR-2004

Repository

04
Reference No.
10061116

OWNER INFORMATION (Type or Print)

Name

Address

City ATMORE

State AL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner Date 03/22/04

VEHICLE INFORMATION

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

2G1WW12E619110784

Make

CHEVROLET

Model

MONTE CARLO

Model Year

2001

Date Purchased

09/30/00

Dealer's Name and Telephone Number

Sandy Sansing Chevrolet 850-476-2420

Engine:

No: Cylinders V6

Fuel Type:

Unleaded

Original Owner

Dealer's City

Pensacola

State

FL

Zip Code

32305

Transmission Type

4-speed
Automatic

Antilock Brakes

Cruise Control

Powertrain

Yes

Vehicle Component Code

Signal Lights malfunctioning

127000 EXTERIOR LIGHTING: HAZARD FLASHING WARNING LIGHTS

Multiple Failure: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-MAR-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/B5R15)

DOT No. (Example: DOTM16ABC038)

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).

WHILE DRIVING HAZARD LIGHTS WORKED INTERMITTENTLY. *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.