



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 1368

Date Received
2004 APR 29 PM 2:07
24-MAR-2004

Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City KELLER State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [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 WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GL1Y22G5V5100373
Make CHEVROLET Model CORVETTE Model Year 1997
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: No: Cylinders _____ Fuel Type: _____
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type: MANUAL Automatic
 Antilock Brakes Cruise Control Powertrain _____
Vehicle Component Code: D10000 STEERING
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 17-MAR-2004 Failure Mileage: 32000 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: DOTM19ABC136) 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(es).)

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(es).
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).

AFTER STARTING THE VEHICLE THE STEERING LOCKED UP (RECALL #04V060000). THE DEALERSHIP WAS NOTIFIED, BUT DID NOT REPAIR THE VEHICLE BECAUSE THE VIN WAS NOT INCLUDED IN THE RECALL. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. 9MM

I DID GET IT REPAIRED BUT HAD TO PAY FOR IT OUT OF MY POCKET.

Towing/Repair Copies: APR 21 2004

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).**