



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-DDT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100078

Date Received

2004 APR 08-APR-2004

Repository

Reference No: 37
10086807

OWNER INFORMATION (Type or Print)

Name

Address

City

LYNNWOOD

State WA

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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 4/11/04

VEHICLE INFORMATION

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

1G1JC52F54

Make

CHEVROLET

Model

CAVALIER

Model Year

2004

Date Purchased

1-9-04

Dealer's Name and Telephone Number

SEAVIEW CHEV 425-787-0787

Engine:

No. Cylinders

4

Fuel Type:

Gas

Original Owner

Dealer's City

LYNNWOOD WA 98036

State

WA

Zip Code

98036

Transmission Type

AUTOMATIC
STICK

Antilock Brakes

Cruise Control

NO

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

181000 VEHICLE SPEED CONTROL:ACCELERATOR PEDAL

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-APR-2004

Failure Mileage

225

Failure Speed

28 MPH

I had the car back twice to dealer

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: DOTM4LSABC036)

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 AT ANY SPEED ACCELERATOR PEDAL STUCK; DEALER INSPECTED VEHICLE ON SEVERAL OCCASIONS, BUT WAS UNABLE TO DUPLICATE THE PROBLEM. *AK

About one a week. The R.P.M. goes to 3000 with my foot off the accelerator. I put in the clutch and hit the gas pedal and the R.P.M.s goes back to about normal of 950 R.P.M.s. The car had 172 miles and when I checked the tires they were 24 lbs. recommended pressure should be 32 lbs. I carry 35 lbs in the front for the heavy engines

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.