



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  
(1-888-327-4238)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100079

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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: LITTLE NECK State: NY 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, in the absence of an authorized agent or address to the vehicle manufacturer?  
Signature of Owner: [REDACTED] Date: 6/18/04  YES  NO

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1JCS249T [REDACTED]  
Make: CHEVROLET Model: CAVALIER Model Year: 1996  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: [REDACTED] Fuel Type: Gas  
Original Owner:  Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 118100 ELECTRICAL SYSTEM:IGNITION:SWITCH  
Multiple Failure: 1

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

Incident Date(s): [REDACTED] Failure Mileage: 99000 Failure Speed: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTM19ABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: Y

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).

CONSUMER TURNED ON THE ENGINE AND NOTICED SMOKE COMING THROUGH THE IGNITION SWITCH, TWO MINUTES LATER STEERING WHEEL WAS ON FIRE. DEALER NOTIFIED. CONSUMER INDICATED THERE WAS A NHTSA RECALL ON THIS ISSUE. \*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.