



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 100184

Date Received 27-MAY-2004 Repository

Reference No. 3-1992-1395

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City OCEAN State NJ 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 authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 6/7/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1YY22G7 [Redacted]
Make CHEVROLET Model CORVETTE Model Year 1998
Date Purchased [Redacted] Dealer's Name and Telephone Number [Redacted] Engine: No: Cylinders 8 Fuel Type: GAS
Original Owner Dealer's City [Redacted] State [Redacted] Zip Code [Redacted]
Transmission Type Auto Antilock Brakes Cruise Control Powertrain 8 cyl.
Vehicle Component Code: 012200 STEERING; COLUMN LOCKING; ANTI-THEFT DEVICE
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-MAY-2004 Failure Mileage 39268 Failure Speed 5mph

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: DOTM19ABC035) 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 0 Number of Deaths 0 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 (e.g., parts repaired or replaced (and if old part is available)).

RECALL NO. #04V060000, STEERING COLUMN/ANTI THEFT DEVICE: WHEN THE VEHICLE WAS PUT IN REVERSE AND BACKING OUT OF A PARKING SPACE, THE STEERING WHEEL LOCKED UP. THIS PROBLEM HAS OCCURRED TWICE WITH THIS VEHICLE. THE DEALER REPAIRED THE PROBLEM AT COST TO THE CONSUMER. *NM

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).