



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 100079

Date Received: 29 JUN 2004
Repository:
Reference No.: 10080152

OWNER INFORMATION (Type or Print)

Name: GEORGE KAVRAKIS
Address: 9 WEDGWOOD LANE
City: EAST NORTHPORT State: NY Zip Code:

Daytime Telephone Number: _____ E-mail Address: _____
Evening Telephone Number: _____

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: 7/5/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: WAUGA84A4TN
Make: ALDI Model: AB Model Year: 1986
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: _____ Fuel Type: Gas
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: Antilock Brakes Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 118100 ELECTRICAL SYSTEM:IGNITION:SWITCH
AUTOMATIC Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 29-JUN-2004 Failure Mileage: _____ Failure Speed: _____ Ignition switch / Ignition Housing

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: DOTM1ABBC038): _____ 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).

CONSUMER VEHICLE'S EXPERIENCED THE SAME PROBLEM AS STATED IN NHTSA RECALL 96V017000. DEFECTIVE IGNITION SWITCHES WERE IMPROPERLY MANUFACTURED, AND COULD CAUSE SOME ELECTRICAL ACCESSORIES TO MALFUNCTION. *AK

ELECTRICAL SYSTEM MALFUNCTIONS. STARTER STAYS ENGAGED WHILE VEHICLE IS RUNNING

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 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.