



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 241

Date received

Repository

08-JUL-2004 AND
08-JUL-2004

Reference No. 6
10081645

OWNER INFORMATION (Type or Print)

Name

Address

City

WINNEBAGO

State

IL

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 authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/19/04

VEHICLE INFORMATION

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

1G1JC1244K

Make

CHEVROLET

Model

CAVALIER

Model Year

1999

Date Purchased

19-DEC-98

Dealer's Name and Telephone Number

SAWICKI MOTORS 1-815-562-8787

Engine

No. Cylinders

Fuel Type

Original Owner

Yes No

Dealer's City

ROCHELLE IL 61068

State

IL

Zip Code

61068

Transmission Type

Automatic Brakes

Cruise Control

Powertrain

Vehicle Component Code

015000 STEERING: HYDRAULIC POWER ASSIST SYSTEM

Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

18-JAN-2004

Failure Mileage

82092

Failure Speed

15-20

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: DOTM19ABC036)

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

M

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).

RECALL 02V286000 CONCERNING POWER STEERING ASSEMBLY. THE STEERING WHEEL INTERMITTENTLY LOCKED UP WHEN MAKING LEFT TURNS. CONSUMER SAW ON NHTSA WEBSITE THAT THERE WAS A RECALL ON THIS PROBLEM INVOLVING 1998-1998 VEHICLES, BUT THE 1999 VEHICLE WAS NOT INCLUDED IN THIS RECALL. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-502 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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).**