



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

2004 OCT 12 AM 7:57
18-SEP-2004

Repository

Reference No.
10092390

OWNER INFORMATION (Type or Print)

Name: [REDACTED] Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Address: [REDACTED] Evening Telephone Number: [REDACTED]
City: GREENSBURG State: PA Zip Code: [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [REDACTED] Date: 9/27/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: KLAVB6828YE [REDACTED] Make: DAEWOO Model: LEGANZA Model Year: 2000
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No. Cylinders: 4 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: 060000 ENGINE AND ENGINE COOLING Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-SEP-2004 Failure Mileage: [REDACTED] 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: 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).

THE CONSUMER RECEIVED, NHTSA RECALL CAMPAIGN LETTER #04V357000 REGARDING THE CAMSHAFT POSITION SENSOR. THE COMPANY WAS OUT BUSINESS. NO DEALERSHIP AVAILABLE. *JB

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.