



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 100222

Date Received

2004 NOV -9 PM 1:2
30-SEP-2004

Repository

Reference No.
10094672

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City TOLEDO State OH Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

MSN.COM

Do you authorize NHTSA to contact 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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
KLAVB6925YB [REDACTED] Make DAEWOO Model LEGANZA Model Year 2000
Date Purchased May 2004 Dealer's Name and Telephone Number [REDACTED] Engine: No: Cylinders Fuel Type: Gas
Original Owner Dealer's City State Zip Code
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) 16-JUN-2004 Failure Mileage 36000 Failure Speed [REDACTED]

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 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 RECEIVED RECALL 04V357000 CONCERNING CAM SHAFT POSITION SENSOR. OUT OF POCKET EXPENSE FOR CONSUMER. *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 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.