



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100222

Date Received: 2004 NOV 16 4:30  
13-OCT-2004  
Repository:   
Reference No.: 10096700

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: CALUMET CITY State: IL 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?  
In the absence of your name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner: [Redacted] Date: 11/3/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): KLAVA692000 [Redacted]  
Make: DAEWOO Model: LEGANZA Model Year: 1999

Date Purchased: NOV 1999 Dealer's Name and Telephone Number: [Redacted]  
Original Owner:  Dealer's City: Oak Lawn State: IL Zip Code: [Redacted]  
Engine: [Redacted] Fuel Type: Gas

Transmission Type: AUTOMATIC  Antilock Brakes  Powertrain: FRONT WHEEL DRIVE  
 Cruise Control Vehicle Component Code: 060000 ENGINE AND ENGINE COOLING  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 24-MAY-2004 Failure Mileage: 42000 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)  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 PAID OUT OF POCKET FOR THE RECALL, SENT THE RECEIPT AND NOTHING HAS BEEN DONE. CAMSHAFT 04V357000. \*JB

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

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