



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

2005

FOR AGENCY USE ONLY 100222

Date Received: JAN 17 11:3:23 AM '05
13-DEC-2004

Repository

Reference No. 10103685

OWNER INFORMATION (Type or Print)

Name _____

Address _____

City GRANVILLE 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 authorized NHTSA-WMJ NOT provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 12/29/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2G1WX12K94

Make CHEVROLET Model MONTE CARLO Model Year 2004

Date Purchased 6/04 Dealer's Name and Telephone Number NORTHSTAR (HEV. 618) 371-5400 Engine: No. Cylinders 6 Fuel Type: Gas

Original Owner Dealer's City CLIFTON PARK State NY Zip Code 12065

Transmission Type AUTOMATIC Anti-lock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE

Vehicle Component Code ENGINE/FRANS VIBRATION
185000 VEHICLE SPEED CONTROL: CRUISE CONTROL

Multiple Failure: X - HARDLY - EVERY DAY

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-OCT-2004 Failure Mileage 5100 Failure Speed 50mph - 80mph

THESE ARE ANNOYING VIBRATIONS IN THE DRIVE TRAIN WHENEVER PRESSURE IS APPLIED TO THE ACCELERATOR.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/B5R15) _____

DOT No. (Example: DOTM1A8ABC036) 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), condition, 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 TOOK VEHICLE TO DEALER NUMEROUS TIMES FOR VIBRATION. VEHICLE VIBRATED MORE WHEN THE CRUISE CONTROL WAS ON. DEALER WAS UNABLE TO DUPLICATE THE PROBLEM. *AK

CONSTANT

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I HAVE TAKEN THIS CAR PROBLEM TO BE SERVICED AT THE DEALER THREE TIMES NOW! THERE IS A VERY DISTINCT VIBRATION IN THE DRIVE TRAIN WHEN PRESSURE IS APPLIED TO THE ACCELERATOR. THE DEALER WAS ABLE TO DUPLICATE THE PROBLEM BUT DOES NOT KNOW HOW TO SOLVE IT. I KNOW THAT IT IS CONSTRUCTIVELY THERE AND IT IS VERY ANNOYING TO ME WHILE DRIVING. I WOULD LIKE THE PROBLEM CORRECTED!!

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NHTSA-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR**

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-927-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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