



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 241

U.S. Department of Transportation  
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

Date Received

31-JAN-2005

Repository

Reference No.  
10109339

OWNER INFORMATION (Type or Print)

Name  
Address  
City CANADA State 00 Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an address, I WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner Date Feb 14 1 05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
3G1JC1144RS  
Make CHEVROLET Model CAVALIER Model Year 1994

Date Purchased 15-MAR-96 Dealer's Name and Telephone Number Dean Myers Chev olds 416-256-1405 Engine: No: Cylinders 4 Fuel Type: Gas  
Original Owner  Dealer's City Dean Myers Chev olds TORONTO State CANADA Zip Code

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control NO CRUISE CTRL. Powertrain FRONT WHEEL DRIVE Vehicle Component Code 091200 FUEL SYSTEM, OTHER: STORAGE: FUEL GAUGE SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-FEB-2002 Failure Mileage 40000 Failure Speed VARIES. Had Approx 1/8 Tank Registered on Gauge when there was NO Gas in tank.

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make DOT No. (Example: DOTM4L9ABC036)  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 0 Number of Deaths 0 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).

WHILE DRIVING FUEL GAUGE IS REGISTERING A QUARTER TANK OF GAS. HOWEVER, THE FUEL TANK IS EMPTY. VEHICLE HAS BEEN TO SEVERAL REPAIR SHOP, BUT NO REPAIRS WERE DONE. DEALER WAS NOTIFIED. DEALER INFORMED THE CONSUMER THAT THE PROBLEM WAS NOT COVERED UNDER A RECALL. \*AK spoke to others with Cavaliers also had this problem of Gas gauge giving inaccurate readings

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.