



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 1308

Date Received

2005 APR 25 AM 4:29
29 MAR 2005

Repository

Reference No.
10117044

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: SAN PEDRO State: CA Zip Code: [Redacted]

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 name of address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 4/18/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1YY22G8V [Redacted]
Make: CHEVROLET Model: CORVETTE Model Year: 1997
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted] Engine: No. Cylinders: 8 Fuel Type: gas
Original Owner: Dealer's City: Los Angeles State: CA Zip Code: [Redacted]
Transmission Type: Auto Antilock Brakes Cruise Control Powertrain: [Redacted] Vehicle Component Code: 071100-FUEL SYSTEM, GASOLINE-STORAGE-TANK ASSEMBLY
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 11-FEB-2005 Failure Mileage: 31000 Failure Speed: [Redacted] Description: gas tank leak from top of tank. No evidence of hose failures.

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: DOTM18ABC036): [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)).

CONSUMER'S VEHICLE HAVING THE SAME PROBLEMS A MENTIONED IN RECALL 97V105000 CONCERNING SENDING UNIT. DEALERSHIP WILL NOT REPAIR FREE OF CHARGE BECAUSE THE VIN WAS NOT INCLUDED. *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 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.