



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 1367

Date Received

21 APR 2005

Repository

Reference No.  
10119019

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City WINDSOR State NY Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

SAME

Do you authorize NHTSA to provide a copy of this report to the manufacturer of the vehicle?  YES  NO  
In the absence of a signature, NHTSA will use the name and address of the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 5/19/2005

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GLJC1246X7 [REDACTED] Make CHEVROLET Model CAVALIER Model Year 1999  
Date Purchased 6/1/2000 Dealer's Name and Telephone Number KEN WILSON CHEV. -(607) 729-6266 Engine: No. Cylinders 4 Fuel Type: GAS  
Original Owner  Dealer's City VESTAL State N.Y. Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 071120 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:MOUN  
Multiple Failure: 1

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

Incident Date(s) 19-APR-2005 Failure Mileage 95365 Failure Speed PIN HOLES IN GAS TANK

**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: DOTM1A9ABC036)  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).

GAS ODOR AROUND THE VEHICLE WHILE PARKED. TOOK VEHICLE TO THE MECHANIC, WHO INDICATED THAT THE GAS TANK HAD DEVELOPED A LEAK, CAUSED BY THE STRAPS AROUND THE TANK. STRAPS AND LEAK WERE REPAIRED. \*NM

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.

