



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  
(1-888-327-4238)  
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received  
2005 SEP 16 AM 6:50  
28-JUN-2005

Repository

Reference No.  
10126827

OWNER INFORMATION (Type or Print)

Name [REDACTED]  
Address [REDACTED]  
City AUSTINBURG State OH 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
 YES  NO

Signature of Owner [REDACTED] Date 1/1

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
3G1JC1240TS [REDACTED] Make CHEVROLET Model CAVALIER Model Year 1998

Date Purchased [REDACTED] Dealer's Name and Telephone Number TWIN MOTORS Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner  Dealer's City MADISON State OH Zip Code [REDACTED]

Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain UNKNOWN Vehicle Component Code 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 10-JUN-2005 Failure Mileage 88000 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 P215/66R15) [REDACTED]  
DOT No. (Example: DOTMALSABC036)  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 2 Number of Deaths [REDACTED] Reported to Police 7

Month in 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).

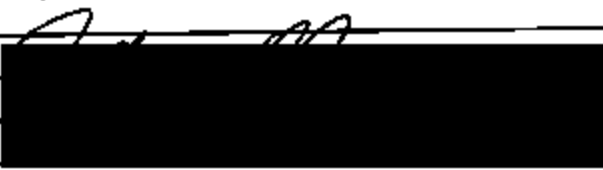
DT: VEHICLE WAS STOPPED AND THE AIR BAGS DEPLOYED ON BOTH PASSENGER AND DRIVER SIDES. THE AIR BAG LIGHT CAME ON AND OFF THE DAY BEFORE. AN ENGINEER FROM GM CAME AND STATED AIR BAGS DEPLOYED BECAUSE OF MOISTURE IN THE CAR. THE WINDOWS WERE DOWN THE NIGHT BEFORE AND RAIN GOT IN THE CAR. THERE WERE TWO PEOPLE IN THE VEHICLE WHEN AIR BAGS DEPLOYED, THE AIR BAGS SMASHED THE WINDSHIELD. TWO PASSENGERS SUSTAINED INJURIES, BRUISES. OWNER BELIEVED WAS A POLICE REPORT. GM WAS NOTIFIED AND DETERMINED THAT AIR BAGS DEPLOYED BECAUSE OF MOISTURE. NO PICTURES WERE AVAILABLE. \*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.

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

- Multiple contusions/abrasions to both parties.  
Emotional trauma; money lost w/ no transportation to go to work. My date is asked to drive for fear of an long deploy-ment.



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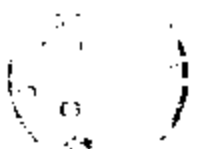
U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business. Penalty for Private Use \$300

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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, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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**DOT AUTO SAFETY HOTLINE**

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

**DASH2DOT**

and dial toll free at

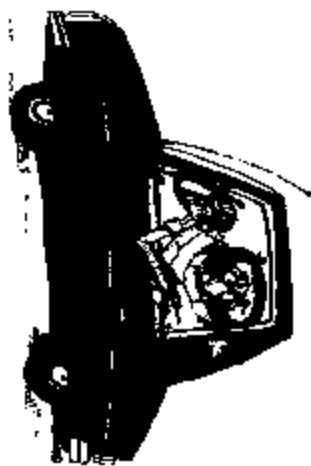
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