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 100148

Date Received: 2005 AUG 30
04-AUG-2005

Repository ☐

Reference No.
10131631

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City VION | State IL | Zip Code [redacted]

Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1G1JC52F[redacted]	CHEVROLET	CAVALIER	2004

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-JUL-04	ROCK AND BACH CHEVROLET			No: Cylinders 4	Gas
Original Owner ☒	Dealer's City GRAYS LAKE	State IL	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	Powertrain FRONT WHEEL DRIVE	162000 STRUCTURE:BODY
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-JUN-2005	5000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

DT: THE SUN VISORS DO NOT HAVE THE SNAP TO KEEP THEM IN PLACE. THIS ALLOWS THEM TO SLIP DOWN WHILE THE CONSUMER IS DRIVING. THIS IS THE ONLY PROBLEM WITH THE VEHICLE. THIS FIRST STARTED HAPPENING AROUND 6-1-05. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY