

# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-627-4326  
www.safercar.gov

10132406

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



## OWNER INFORMATION (Date of Print)

2005 AUG 10 AM

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Name: [Redacted]  
 Street: [Redacted] Apt. No.: [Redacted]  
 City: Chillicothe State: OHIO Zip Code: [Redacted]  
 E-mail: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
 YES  NO  
 In the absence of authorization, NHTSA will rely on a copy of this report to the vehicle manufacturer only during a defect investigation or when you make a complaint about recall performance on your vehicle.  
 Signature of Owner: [Redacted] Date: 8.18.05

## VEHICLE INFORMATION

17 digit vehicle identification number located at bottom of windshield on driver's side: 1G1JC124777  
 Make: Chev. Model: Cavalier Year: 1996 Current Mileage: 185,000  
 Date Purchased: 10-03 Dealer's Name and Telephone Number: Purchased Car from Original Owner  
 Original Owner Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted] Engine: [Redacted] Fuel Type:  Diesel  Hybrid  Gas  Other  
 Transmission Type:  Manual  Automatic Axle Drive:  Front-wheel Drive  Rear-wheel Drive  Four-wheel Drive  
 Powertrain:  All-wheel Drive  Front-wheel Drive  Rear-wheel Drive  Four-wheel Drive  
 No. Cylinders: 4

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

Component Name: Pass. Air Bag & Module Incident Date: [Redacted] Failure Mileage: 184,000 Failure Speed: 20mph Failure Location:  Driver  Passenger  Front  Rear

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make/Brand: [Redacted] The Model/Line: [Redacted] The Name: [Redacted] The Size (Example: P215/60R15): [Redacted]  
 Failure Structure:  Tread  Sidewall  Bead DOT No. (Example: DOT 38463000 on sidewall)  Original Equipment  Prior Repair  
 Failure Type:  Blowout  Bester  Crack  Torn  Tread Separation  Road Hazard  Out of Round

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model Number and Name: [Redacted]  
 Seat Type:  Infant  Booster  Integrated  Convertible  Other Installed in Vehicle using the:  Vehicle safety belt  LATCH system\*  
 Failed Part, Describe Failure Below:  Base  Harness/Straps  LATCH Connector  Shell  Handle  Other \*Vehicle not required

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: 1 Number of Deaths: [Redacted] Police Report No.: NO

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(es):  
Pass Air Bag Deployed with no accident striking my  
7yr. old son in the face, AT About 20mph.

Continue on back.

The Privacy Act of 1974 - Public Law 93-578 This information is requested pursuant to 48 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-368-7882