

# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS  
888-327-4236  
www.safercar.gov

## OWNER INFORMATION (Type or Print)

Name: [REDACTED]  
Street No.: [REDACTED] Apt. No.: [REDACTED]  
City: COUNCIL BLUFFS State: IA Zip Code: [REDACTED]

Daytime Telephone Number  
[REDACTED]

Evening Telephone Number  
[REDACTED]

E-mail  
[REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO - WERE NOTIFIED  
In the absence of authorization, NHTSA will provide 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. **NO RESULTS**  
Date: 11/1/06

Signature of Owner  
[REDACTED]

## VEHICLE INFORMATION

17 digit Vehicle Identification number located at bottom of windshield on driver's side: LG1JC14G3L  
Make: CHEVROLET Model: CAVALIER Year: 90 Current Mileage: 98,000  
Date Purchased: 1-90 Dealer's Name and Telephone Number: TIM O'NEIL CHEVROLET Engine: [REDACTED] Fuel Type:  Gas  Diesel  Hybrid  Other  
Dealer's City: COUNCIL BLUFFS IA State: IA Zip Code: 51503 No. Cylinders: 4  
Transmission Type:  Manual  Automatic  
 Antilock Brakes  Cruise Control  
Powertrain:  Front-Wheel Drive  All-Wheel Drive  Rear-Wheel Drive  Four-Wheel Drive

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

Component Name: GEAR SHIFT Incident Date(s): JUNE 16, 2004 Failure Mileage: 96,000 Failure Speed: 65 M.P.H. Failure Location:  Driver  Passenger  Front  Rear

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

Tire Make/Brand: [REDACTED] Tire Model/Line: [REDACTED] Tire Name: [REDACTED] Tire Size (Example: P215/85R1105): [REDACTED]  
Failed Structure:  Tread  Sidewall  Bead  
DOT No. (Example: DOT M4LSABC098 on sidewall): [REDACTED]  Original Equipment  Prior Repair  
Failure Type:  Blowout  Blister  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  
Failed Part. Describe Failure Below:  Base  Harness/Buckle  LATCH Connector  Shell  Handle  Other  
Installed in Vehicle using the:  Vehicle safety belt  LATCH system\*  
\*Vehicle info required

## 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] Police Report No.: [REDACTED]

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

DRIVING ON INTERSTATE - SON MOVED IN SEAT - LEG TOUCHED GEAR SHIFT - MOVING IT INTO "NEUTRAL". CAR DIED. WOULD NOT IMMEDIATELY RESTART. OTHER CAR - AHEAD - HIT REARS - OTHER SUFFERED. MIRACLY - NO ONE KILLED OR INJURED. CONTACTED CHEVROLET - NO HELP. TOLD ME WOULD COST THEM TOO MUCH MONEY TO CONTACT OTHER AUTO OWNERS.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 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 administration 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 202-388-7882