



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
2007 APR 12 AM 7:41
07-MAR-2007

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City JONESBORO State AR 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? YES NO
In the absence of an authorized signature, please print your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3/19/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1G1JC5442 [REDACTED] Make CHEVROLET Model CAVALIER Model Year 1994

Date Purchased 23-JAN-07 Dealer's Name and Telephone Number DAVE'S USED CARS 870-316-1452 Engine: No: Cylinders 4 Fuel Type: Gas

Original Owner Dealer's City JONESBORO State AR Zip Code [REDACTED]

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain FRONT WHEEL DRIVE Vehicle Component Code 073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-MAR-2007 Failure Mileage 194700 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 P215/65R15) [REDACTED]
DOT No. (Example: DOTM19ABC036) 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 0 Number of Deaths 0 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).

TL*- THE CONTACT PURCHASED THE 1994 CHEVROLET CAVALIER ON 01/23/07. THE VEHICLE STARTED JERKING WHEN TRYING TO COME TO A STOP, AND LOST POWER AT STOP LIGHTS. ALSO, THE CONTACT SMELLED GAS FUMES WHILE DRIVING THE VEHICLE. HE TOOK THE VEHICLE TO FIRESTONE, AND HAD A DIAGNOSTIC TEST PERFORMED, AND WAS INFORMED THAT THE VEHICLE HAD TWO FUEL INJECTORS THAT WERE LEAKING. AND THAT THE TORQUE CONVERTER FAILED. THE FIRESTONE REPRESENTATIVE INFORMED THE CONTACT THAT THE FUEL INJECTOR FAILURE WAS A FIRE HAZARD .AND THE VEHICLE WAS NOT SAFE. THE CONTACT CALLED THE OWNER OF DAVE'S DEALERSHIP, AND WAS INFORMED BY THE OWNER THAT THERE WAS NOTHING HE COULD DO ABOUT THE VEHICLE FAILURES. THE CONTACT HAD AN ESTIMATE FOR REPAIRING THE INJECTORS WHICH WAS \$442.00 ,AND THE TORQUE CONVERTER REPAIR FOR \$600.00. THE CURRENT MILEAGE WAS 19,500, AND THE FAILURE MILEAGE WAS 19,4700.

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 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.