Form Approved: O.M.B. No. 2127-0008

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	Repository ☐
23-MAY-2007 2007 AUG 28 AM 10:47	Reference No. 10191556

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City WELLS	State ME	Zip Code [redacted]	Evening Telephone Number

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 [redacted] Date 8/23/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
4G1JF3246VB[redacted]	CHEVROLET	CAVALIER	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JUL-04				No: Cylinders 4	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	140000 AIR BAGS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-MAR-2007	110000	10	

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	Y

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 OWNS A 1997 CHEVROLET CAVALIER. WHILE DRIVING 10 MPH, THE VEHICLE CRASHED INTO THE REAR OF ANOTHER VEHICLE. THERE WAS SNOW ON THE ROAD. DESPITE THE LOW IMPACT OF THE CRASH, THE AIR BAGS DEPLOYED. THERE IS RECALL # 98V146000 (AIR BAGS) FOR THIS FAILURE. THE MANUFACTURER STATED THAT THIS VEHICLE WAS EXCLUDED FROM THE RECALL. THE CONTACT FELT HER VEHICLE SHOULD BE INCLUDED IN THE RECALL. THE CURRENT AND FAILURE MILEAGES WERE 110,000.

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

May 23, 2007

I, [redacted] give my grandmother, [redacted] permission to file a complaint with the U. S. Department of Transportation as a result of an accident that occurred on March 16, 2007 while driving a 1997 Chevrolet Cavalier, Vin #4G1JF3246VB[redacted] Please note that [redacted] sold me this car in November, 2006.

[redacted]

TRAFFIC ACCIDENT REPORT

STATE OF MAINE

P

INVESTIGATING AGENCY CODE NUMBER: **ME0120200**

Report No.: **07-004001**

DATE OF ACCIDENT – MONTH	DAY	YEAR	DAY OF WEEK	TIME	TIME REPORTED	TIME ARRIVED
03	16	2007	Fri	17:30	17:33	17:34

3

ON	ROUTE	OR NAME OF STREET OR HIGHWAY	CITY OR TOWN	CODE NUMBER	COUNTY	HIT AND RUN
		WINTER ST	Topsham	23080 (R / U circled)	Sagadahoc	

2

AT	BETWEEN NODE NUMBERS		DISTANCE FROM SCENE	TO NUMBER	MILES AND TENTHS TO LANDMARK
	44018	44024	0 MILES 0 TNTHS	44018	N / W S E – CIRCLE ONE

E→ UNIT NO. 1 - Vehicle | TOTAL UNITS INV. 2 | E→ UNIT NO. 2 - [X] VEH. 2 [ ] PED [ ] BIKE

DRIVER

	UNIT NO. 1	UNIT NO. 2
DRIVER'S LICENSE NUMBER	1 [redacted]	2 [redacted]
STATE	ME	ME
LAST NAME / FIRST NAME / MIDDLE	[redacted]	[redacted]
NUMBER AND STREET	[redacted]	[redacted]
CITY	Topsham	Brunswick
STATE	ME [redacted]	ME [redacted]
CODE NUMBER	2 0	2 0
DATE OF BIRTH	[redacted]	[redacted]
SEX	M	F
LICENSE STATUS	A S (P) N	(A) S P N
REST/PERM	0	0
CLASS	C	C

16 · 11 · 4 · 1

OWNER

	OWNER 1	OWNER 2
LAST NAME / FIRST NAME / MIDDLE	[redacted]	[redacted]
NUMBER AND STREET	[redacted]	[redacted]
CITY	Wells	Brunswick
STATE	ME [redacted]	ME [redacted]

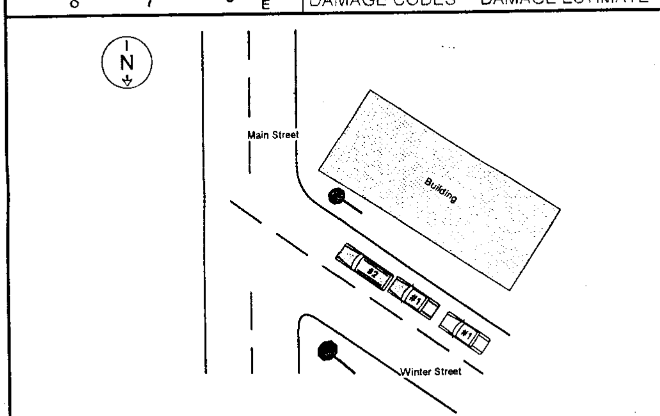
5 · 15

VEHICLE

	UNIT NO. 1	UNIT NO. 2
VEHICLE TYPE	4 Door (2)	SUV (7)
YEAR AND MAKE	1997 Chevrolet (1)	2005 Subaru (17)
COLOR	White (14)	Blue (BL) (4)
LICENSE PLATE NUMBER	[redacted]	[redacted]
YEAR	2007	2007
ISSUE STATE	ME	ME
NO OCCUP	2	1
VEHICLE IDENTIFICATION NO.	4G1JF3246VB[redacted]	JF1SG6385H[redacted]
INSURANCE CO.	State Farm	Allstate
POLICY NO.	[redacted]	[redacted]
EVENT HIT # / RE	(1) circled	
TOWED BY	Muzzey's Towing	N/a
DAMAGE CODES	1	0
DAMAGE ESTIMATE	$3,000.00	$0.00

2 · 3 · 8 · 1 · 1 · 2 · 1 · 1

Damage diagram: 1, 2, 3, 4, 5, 6, 7, 8, 9 (TOP), 10 (BOTTOM)



DESCRIPTION: Unit #2 was stopped in traffic. Unit #1 slid into Unit #2.

AMBULANCE CODES N/A(1000)

NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY (OTHER THAN VEH.)

8 · 1 · 25 · 1

TOTAL NUMBER OF PERSONS INVOLVED: 3

NAMES OF ALL PERSONS INVOLVED (DRIVERS - PASSENGERS - WITNESSES - PEDESTRIANS)	25	26	27	28	29	30	31	32	33	34
[redacted] (Driver)	11	11	2	5	12	1	1	1	M	[redacted]
[redacted] (Driver/Owner)	9	3	2	4	1	2	1	1	F	[redacted]
[redacted] (Passenger/Owner)	11	11	2	5	12	1	1	3	M	[redacted]

INVESTIGATING OFFICER (SIGNATURE)	OFFICER NUMBER	TROOP OR DEPARTMENT	APPROVED BY	DATE
	304	TOPSHAM POLICE DEPARTMENT	Lt. Christopher A. Lewis	5/22/2007

Sergeant Mark K. Gilliam

FORM 13:20A

Rev. 4/97

07-004001

ACCIDENT NUMBER	City or Town	Month	Date	Year
	IN **Topsham**	**03**	**16**	**2007**
	Number of Highway ON [ ] and [ ]	Or - Name of Street or Highway **WINTER ST**		
	Driver - Name [redacted] **- Vehicle 1**			
DO NOT WRITE IN THIS SPACE	Driver - Name [redacted] **- Vehicle 2**			

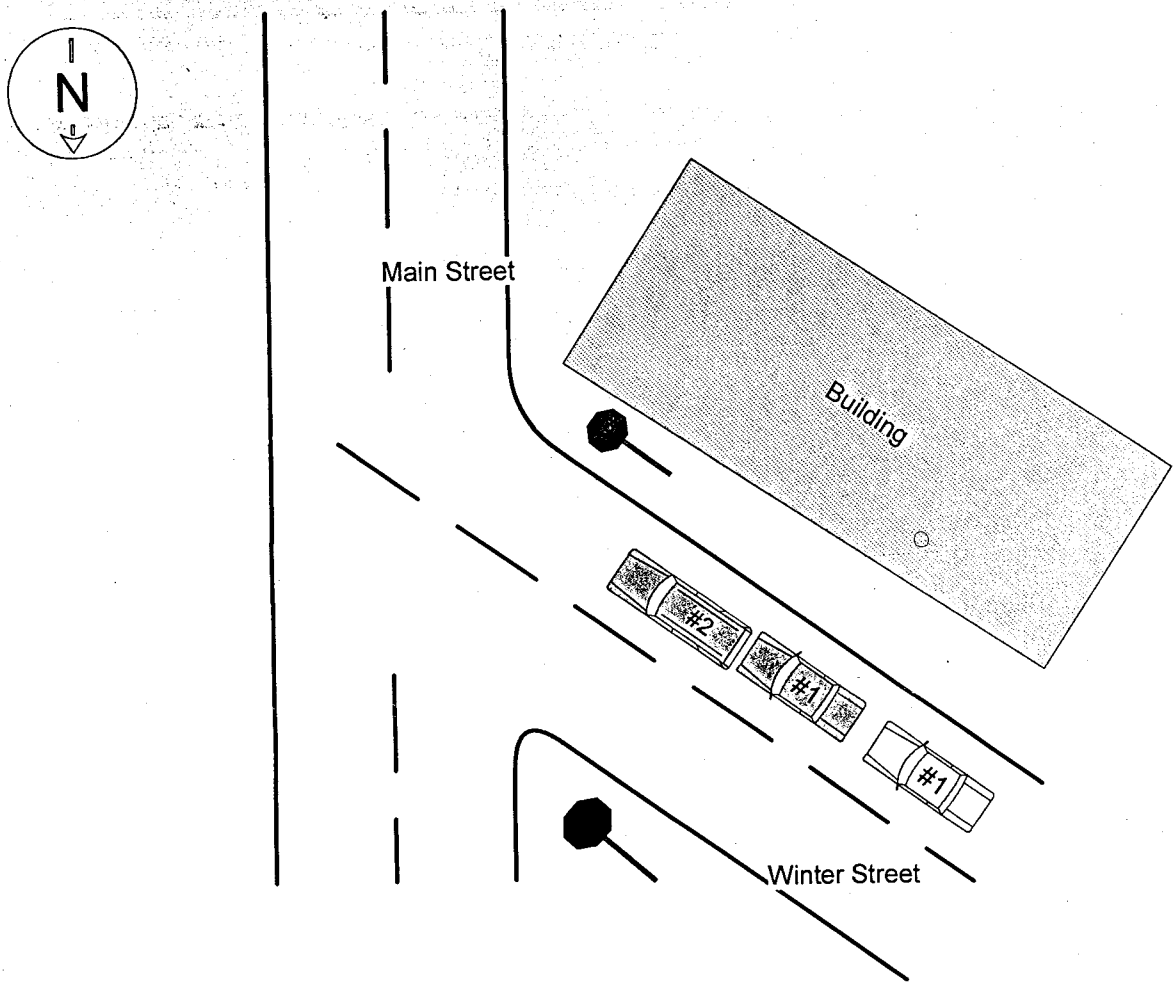
State of Maine
Supplement to

POLICE TRAFFIC ACCIDENT REPORT

for

ADDITIONAL DIAGRAMS, DATA OR ANY NECESSARY STATEMENTS TAKEN

Confidential if so Marked



FORM 13.91

[redacted]
Wells, Maine [redacted]
August 23, 2007

U. S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

Gentlemen:

Re: Chevrolet Cavalier
Vin #4G1JF3246VB[redacted]

Upon receiving the Vehicle Owner' Questionnaire, I noted that the Owner's name on this form was myself, [redacted] When I called to file a complaint on May 23, 2007, I told the representative from your department that the owner was my grandson, [redacted] the person I sold the vehicle to in November, 2006. When [redacted] told me about the accident, I did some research on the Internet and discovered that there was a recall on that particular year, model and VIN #, therefore a few phone calls were made to two GM dealerships. GM indicated that the recall pertained to only "certain" 1996-97 model vehicles built within the VIN breakpoints. The circumstances of the accident reflects the recall of GM—there was no damage to the other vehicle involved which implies low impact causing air bag deployment. I decided to have this incident investigated—after all [redacted] could have been seriously injured. GM should at least take responsibility for the cost of replacing the air bags.

I am enclosing the questionnaire, accident report, and Letter of Permission from [redacted] should you need one. If you need anything further, please feel free to call me at [redacted]

Looking forward to hearing from you with the outcome of this investigation.

Sincerely,

[redacted]

Encs.
Certified Return Receipt

cc: Cynthia Glass, Acting Chief
Office of Defects Investigation
U. S. Dept. of Transportation
1200 New Jersey Avenue SE
Washington, D.C. 20590

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).