



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

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06-JUL-2007

Reference No.
10195459

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Address [REDACTED]

Evening Telephone Number

City HOLLYWOOD

State FL

Zip Code [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 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

1G1JC12 [REDACTED]

Make

CHEVROLET

Model

CAVALIER

Model Year

1999

Date Purchased
26-DEC-99

Dealer's Name and Telephone Number
MARONIES AUTO PLAZA 866-930-3200

Engine:
No: Cylinders 4

Fuel Type:
Gas

Original Owner

Dealer's City
PENBROOK PINES

State
FL

Zip Code
33084

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
UNKNOWN

Vehicle Component Code
126000 EXTERIOR LIGHTING:TURN SIGNAL

Multiple Failure: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
12-DEC-2006

Failure Mileage
57000

Failure Speed

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: DOTM19ABC036)

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
 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 OWNS A 1999 CHEVROLET CAVALIER. THE CONTACT REPLACED THE BULBS FOR HER TURN SIGNALS AND BRAKE LIGHTS ON THREE DIFFERENT OCCASIONS. THE FOURTH TIME IT WAS DISCOVERED THAT THE TURN SIGNAL FLASHER SOCKETS, LOCATED IN THE TRUNK OF HER VEHICLE, HAD BURNED OUT. THE POWERTRAIN WAS UNKNOWN. THE CURRENT MILEAGE IS 59,000 AND FAILURE MILEAGE WAS 57,000.

See Attached

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.

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