

CL-10263822-2435

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**

2007 JUL 21 1:888-DASH-2-DOT
(1-888-420-3236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

01-APR-2009

Repository ☐Reference No.
10263822**OWNER INFORMATION (Type or Print)**

Name

Address

City LEOMINSTER

State MA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make
CHEVROLETModel
CAMAROModel Year
1994

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

No: Cylinders

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

Multiple Failure:

1

Incident Date(s)

01-JAN-2008

☐ Cruise Control**FAILED COMPONENT(S)/PART(S) INFORMATION**

Vehicle Component Code: 070000 FUEL SYSTEM, GASOLINE

Failure Mileage
150000Failure Speed
22**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

Number of Deaths

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).

FAILURE TO FIX RECALL, FAILURE TO NOTIFY OWNER

FAILURE TO GIVE INFO ON GM LICENSED IN MASSACHUSETTS TO FILE LAWSUIT AGAINST COMPANY. *TR

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 to 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.

NM
4:03
7/21/09
NW