

 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 SEP 13 2010 13-JUL-2010	Repository <input type="checkbox"/> Reference No. 10342884
OWNER INFORMATION (Type or Print)			
Name <input type="checkbox"/>		Daytime Telephone Number	
Address <input type="checkbox"/>		E-mail Address	
City KNOXVILLE	State IA	Zip Code <input type="checkbox"/>	
<i>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).</i>			
VEHICLE INFORMATION			
17 Digit Vehicle Identification Number located at bottom of windshield on driver's side 1G1JC124XTM <input type="checkbox"/>		Make CHEVROLET	Model Year 1996
Date Purchased	Dealer's Name and Telephone Number		Model CAVALIER
Engine: No. of Cylinders	Fuel Type:		
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure: Incident Date(s) 01-JUN-2010
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 141000 AIR BAGS: FRONTAL		Failure Mileage 135950	Failure Speed 30
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: DOTM9ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).			
<p>TL* THE CONTACT OWNS A 1996 CHEVROLET CAVALIER. WHILE DRIVING AT 30 MPH, THE DRIVER SIDE AIR BAG INDEPENDENTLY DEPLOYED. THE CONTACT WAS UNABLE TO SEE THE ROADWAY AND THE PASSENGER HAD TO MAINTAIN CONTROL OF THE STEERING WHEEL AS THE VEHICLE WAS COASTED TO THE SIDE OF THE ROAD. BOTH THE PASSENGER AND CONTACT EXITED THE VEHICLE AND THE FRONT PASSENGER SIDE AIR BAG THEN INDEPENDENTLY DEPLOYED. THE VEHICLE WAS TAKEN TO AN AUTHORIZED DEALER WHERE THE CONTACT WAS AWAITING A DIAGNOSIS OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 135,950 AND THE CURRENT MILEAGE WAS 136,018.</p> <p><i>* steered off road into a gas station parking area.</i></p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			