

 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 APR 14 2011 23-FEB-2011	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	E-mail Address
City		State	Zip Code	Evening Telephone Number	
CRAB ORCHARD		KY			
<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		Make	Model	Model Year	
1G1JC52F947		CHEVROLET	CAVALIER	2004	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
			No: Cylinders	Regular	
Original Owner	Dealer's City	State	Zip Code		
☒	Richmond, Ky	Ky			
Transmission Type	☐ Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s)	
	☐ Cruise Control			15-MAR-2009	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Code: 110000 ELECTRICAL SYSTEM				Failure Mileage	Failure Speed
				100000	70
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)	☐ 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			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 2004 CHEVROLET CAVALIER. THE CONTACT WAS DRIVING APPROXIMATELY 70 MPH WHEN SHE NOTICED THAT THE SPEEDOMETER, FUEL GAUGE, TEMPERATURE GAUGE AND RPM GAUGE FAILED INTERMITTENTLY. THE VEHICLE WAS NOT TAKEN TO THE DEALER FOR THE FAILURE. SHE CONTACTED THE MANUFACTURER AND WAS ADVISED THERE WERE NO RECALLS ON THE VEHICLE AND THAT THEY WERE UNABLE TO ASSIST. THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 100,000 AND THE CURRENT MILEAGE WAS 130,000.					
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.					