
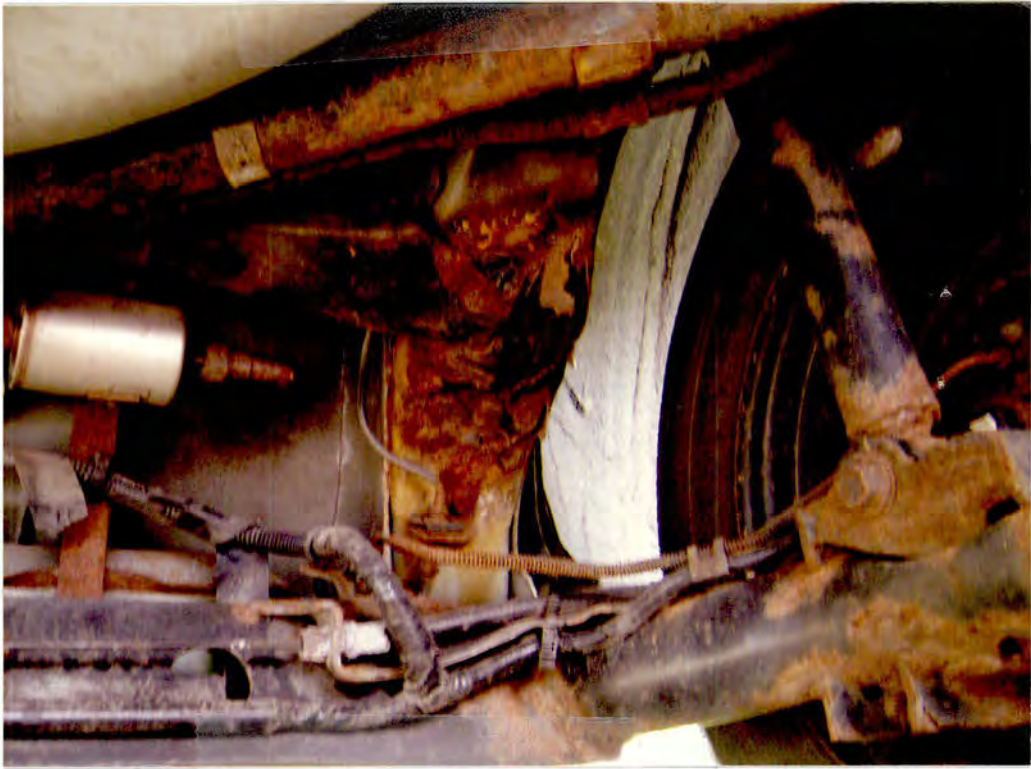
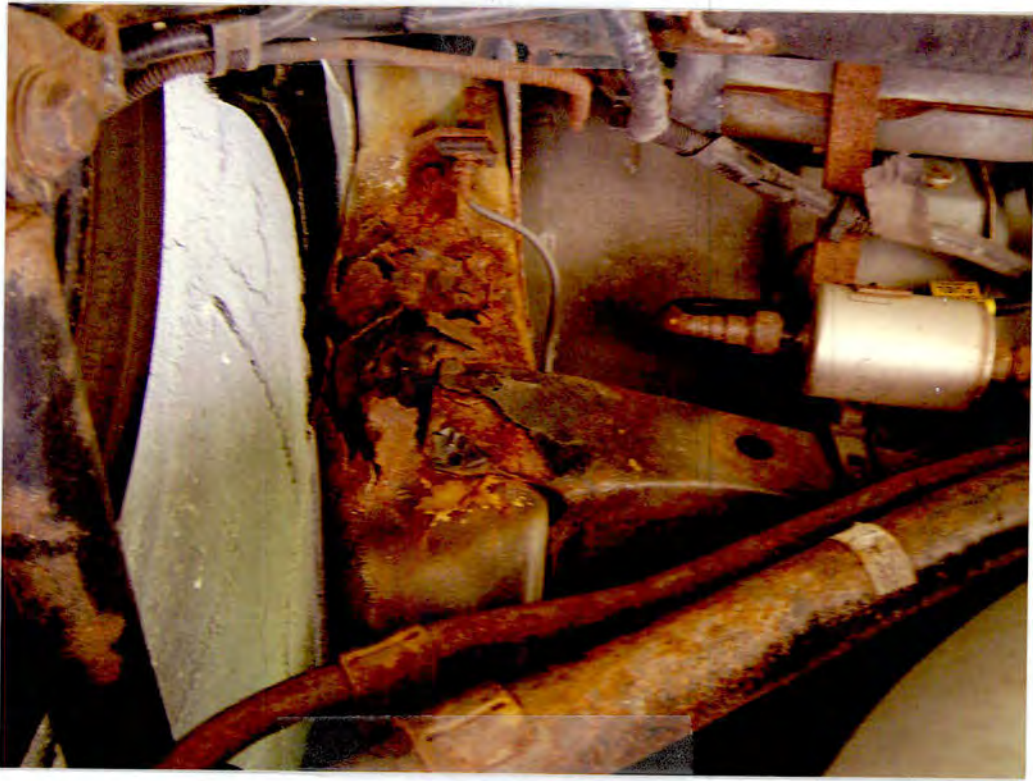


INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)

 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/notline		FOR AGENCY USE ONLY 100148 Date Received OCT 17 2011 07-SEP-2011		Repository <input type="checkbox"/> Reference No. 10424056							
OWNER INFORMATION (Type or Print)													
Name		Address		City		State		Zip Code		Daytime Telephone Number		E-mail Address	
PEAKIN		IL		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
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		Model		Model Year					
1G1JC52457 [REDACTED]				CHEVROLET		CAVALIER		1995					
Date Purchased		Dealer's Name and Telephone Number				Engine:		Fuel Type:					
3-14-2008		BRIAN SKILES				No: Cylinders		MAS					
Original Owner <input type="checkbox"/>		Dealer's City		State		Zip Code							
[REDACTED]		CANTON IL 61520		IL		61526		4					
Transmission Type		<input checked="" type="checkbox"/> Antilock Brakes		Powertrain		Multiple Failure:		Incident Date(s)					
AUTO		<input type="checkbox"/> Cruise Control		AUTO 2.2		FRAM on under-structure		07-SEP-2011					
FAILED COMPONENT(S)/PART(S) INFORMATION													
Vehicle Component Codes: 161000 STRUCTURE: FRAME AND MEMBERS, 020000 SUSPENSION								Failure Mileage		Failure Speed			
all bad								60800					
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: DOTM4L9ABC036)				<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 (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)													
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).													
TL* THE CONTACT OWNS A 1995 CHEVROLET CAVALIER. THE CONTACT STATED THAT THE FRAME WAS RUSTING SEVERELY. THE DEALER WAS NOTIFIED OF THE FAILURE BUT DENIED ANY ASSISTANCE WITH REPAIRS. THE MANUFACTURER WAS NOT CONTACTED AND THE VEHICLE WAS NOT REPAIRED. THE FAILURE MILEAGE WAS 60,800 AND THE CURRENT MILEAGE WAS 61,000. THE VIN WAS UNAVAILABLE. <i>Manufacture was notified by Ray dennesser Chevrolet Peekin, Il. we could not perform repairs or anything</i>													
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.													



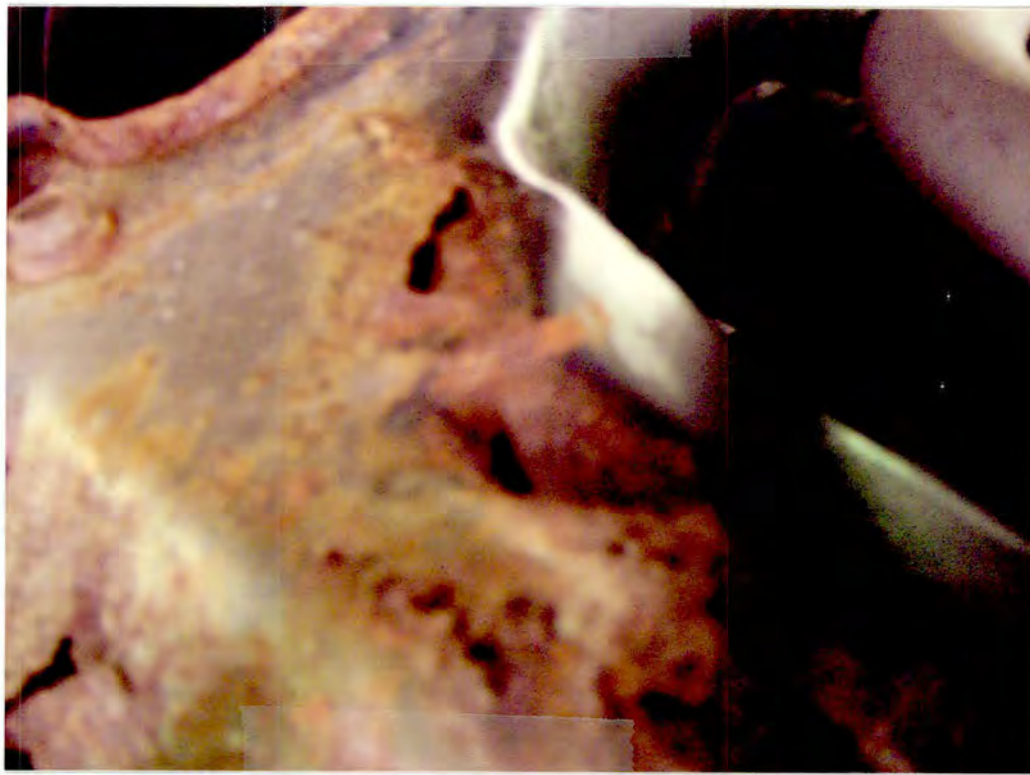












PEKIN IL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE
CERTIFIED MAIL™



7011 1570 0001 6448 0812



US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382

10/18/22

