

 <p>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</p>			FOR AGENCY USE ONLY 100148		
U.S. Department of Transportation National Highway Traffic Safety Administration			Date Received: 23-MAY-2014	Repository <input type="checkbox"/> Reference No. 10593701	
OWNER INFORMATION (Type or Print)					
Name			Daytime Telephone Number		E-mail Address
Address			Evening Telephone Number		
City	State	Zip Code			
WEST PALM BEACH	FL		SAME		
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	
2G1FP22KXW2		CHEVROLET	CAMARO	1998	
Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:	
1998	ROGER DEAN CHEV. 561-683-8100		No: Cylinders	GAS	
Original Owner	Dealer's City	State	Zip Code		
<input checked="" type="checkbox"/>	WEST PALM BEACH	FL	33401		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:		Incident Date(s)
AUTO MATIC	<input checked="" type="checkbox"/> Cruise Control	YES			18-AUG-2011
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 010000 STEERING, 140000 AIR BAGS, 016000 STEERING: ELECTRIC POWER ASSIST SYSTEM				Failure Mileage	Failure Speed
				120000	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: DOTM19ABC036)		<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:	Fire:	Number of Persons Injured	Number of Deaths	Reported to Police	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1	0	Y	
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 1998 CHEVROLET CAMARO. THE CONTACT STATED THAT WHILE DRIVING APPROXIMATELY 70 MPH, THE POWER STEERING ASSIST FAILED CAUSING THE STEERING WHEEL TO SEIZE. THE CONTACT WAS NOT ABLE TO MANEUVER THE STEERING WHEEL DUE TO THE FAILURE AND ANOTHER VEHICLE CRASHED INTO THE REAR OF THE CONTACT'S VEHICLE. THE AIR BAG FAILED TO DEPLOY. THE CONTACT SUSTAINED A FRACTURED STERNUM AND REQUIRED MEDICAL ATTENTION. A POLICE REPORT WAS FILED OF THE INCIDENT. THE VEHICLE WAS DESTROYED AND TOWED TO A SALVAGE YARD. THE MANUFACTURER WAS NOTIFIED OF THE DEFECT. THE APPROXIMATE FAILURE MILEAGE WAS 120,000.					
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.					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Accident on I-95 Ft Pierce FL

Could NOT STEER THE CAR. Deputy said IT SPUN AROUND 8 TIMES. TRUCK HIT DRIVER SIDE REAR NO AIR BAG CAME OUT. WENT TO HOSPITAL IN AMBULANCE, FRACTURED STERNUM, STILL HEALING. SPENT MONTH AT DAUGHTERS

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE, Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY ADDRESSEE

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



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline 888-327-4236



Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration

