

POSTED

RECEIVED
 Date Received: **00 JAN 27 PM 8:46**
 OFFICE DEFECTS INVESTIGATION
 Reference No. **550574**



U.S. Department of Transportation
 National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
 TO REPORT VEHICLE SAFETY DEFECT
 1-888-DASH-2-DOT
 1-888-327-4236
 INTERNET: <http://www.nhtsa.dot.gov>

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Street: [Redacted]
 City: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 In the absence of a written objection, NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: **1.13.00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) 1G7LT53T1NK175205	(Located at bottom of windshield on driver's side)	Vehicle Make Chevy	Vehicle Model Corsica Lt	Vehicle Year 92	Current Odometer Reading 85522
Purchased Date Oct 92	Dealer's Name S+K	Engine Size (CID/CC/L) L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City Peoria	State I	Zip Code 61614	No. Cylinders 6	
Transmission Type <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
					Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Anti-Lock Brakes	Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	? NOT SURE <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures Many	Date(s) of Failure(s) Many Times	Mileage at Failure(s) Sporadically	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s): 0-30 in this range		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

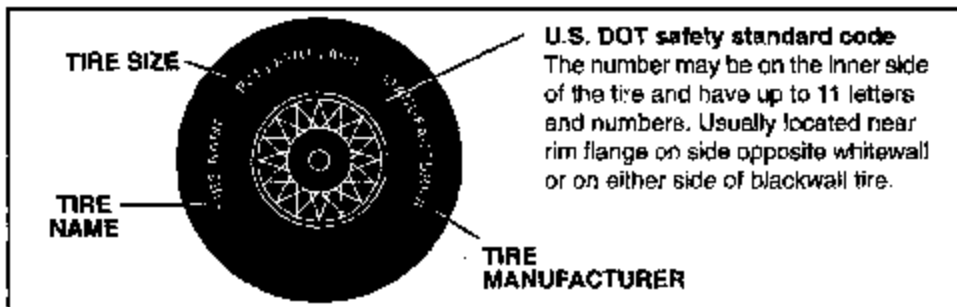
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured 0	Number of Fatalities 0	Estimated Property Damage \$ 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	------------------------------------	----------------------------------	--	---

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
 Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
-----	--------------	-----------	--------------------



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 maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration 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)

Have many times went to stop and anti-lock
haven't worked or kicked themselves off so the car
Doesn't stop it feels like Brakes have oil on them
Then after a minute they kick off and the brakes
are slammed on. I have luckily avoided
about three accidents.

I need to know if there is a problem with
others or just mine.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.dot.gov/hotline>

**VEHICLE
OWNER'S
QUESTIONNAIRE**
DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT