



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

Auto Safety Hotline

**Vehicle Owner's Questionnaire**

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123

FOR AGENCY USE ONLY

Date Received: **RECEIVED**  
**COPIED**  
09 MAR 22 PM 2:30  
Office: DEFECTS INVEST  
Reference No. **551492**

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Street: [Redacted]  
City: [Redacted] State: [Redacted] Zip Code: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 03/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1G15F1T9K73D258Y</b>	Vehicle Make <b>Chevrolet</b>	Vehicle Model <b>Cavalier 2.4</b>	Vehicle Year <b>1999</b>	Current Odometer Reading <b>2184</b>
Purchase Date <b>10-15-99</b>	Dealer's Name <b>Staffalino Chevrolet-Cadillac Inc.</b>		Engine Size (CID/CC/L) <b>2.4</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <b>Stuebenville</b>	State <b>Oh</b>	Zip Code <b>43952</b>	No. Cylinders <b>4</b>
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Body Style <input type="checkbox"/> Hatch Back <input type="checkbox"/> Van <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> 2-Door		Other: _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <b>Steering</b>	Part Name(s) <b>They replaced rack after 4th time and other not doing anything before since they couldn't find the problem. But now the steering has changed a 5th time.</b>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>5</b>	Date(s) of Failure(s) <b>OCT - NOV 1st, 2nd, 3rd, 4th, 5th time</b>	Mileage at Failure(s) <b>494, 525, 1900, 2005, 2080</b>	Vehicle Speed at Failure(s) <b>IN TOWN 25 mph or under</b>
Manufacturer Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE ACCIDENT INFORMATION

(Use reverse side for more detailed information)

Accident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage <b>\$ 200.00</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	Size
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**U.S. DOT safety standard code**  
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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.

The steering will lock much harder than if the power steering failed. It takes both hands to turn the wheel very slowly, thus causing me to end up against a pole before I could turn fast enough or stop. Luckily it only damaged the passenger door molding this time; but someone or something may be hurt or damaged worse.

I've repeatedly tried to get Gen. Motors buy back the car & they've refused. I have had a total of (21) problems with this car starting the day I picked it up. While the steering is the most serious, still there have been so many other problems that I can't trust the car.

I've only put 2100 miles in 5 months whereas I would put more than that in 1 month; but I'm scared of the car. I've canceled trips & I won't even ride my granddaughter in the car.

This car should be taken off the road!

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

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

**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  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW.  
Washington, DC 20590

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NECESSARY  
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UNITED STATES

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