



**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

Date Received: **NOV 21 1998**

QC'd RECEIVED

Office: **REPAIRS INVT**

Reference No.: **559798**

Daytime Telephone Number: [Redacted]

**OWNER INFORMATION (Type or Print)**

[Redacted Owner Information]

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 or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 1/1

**PRODUCT INFORMATION**

Vehicle Identification No. (VIN) (17 Digits) <b>1Y1SK514XhZ082386</b>				Make <b>Chevrolet</b>	Model <b>Nova</b>	Year <b>87</b>
Purchased Date	Dealer's Name			Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City			No. Cylinders	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
State	Zip Code	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type
Manufacture Date (on driver's door or pillar)	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt	<input type="checkbox"/> Passengerside Air Bag <input checked="" type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
		<input type="checkbox"/> 3-Point Belt				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**

Part Name(s) <b>Transaxle lock up</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) A/D <input checked="" type="checkbox"/> Original Repl. <input type="checkbox"/> Replacement	Handicap Adaptive Equip. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s):	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). <b>Scant Tires locked up while driving down freeway thru 20-55 mph</b> <b>Later filled Transaxle found it to be empty (1.5 quarts low)</b> <b>was able to free up Transaxle by forcing Tires backwards while in Reverse &amp; Reving (with some noise)</b> <b>now it makes a crumby noise in gear shifts in neutral</b>				

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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 .

All oil changes Done AT

State Street Lube

102 Mason St.

Alpena MI 49707

517 356 2722

Please ASK mfg. if vehicle is safe to Drive AS IS

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 Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM

OR

DASH 2 DOT

and dial toll free at

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

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