



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 258**

Data Received  <b>05-SEP-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>730346</b>	

Do you authorize NHTSA to provide a copy of 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 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1G1LD5546TY164037</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>CORSICA</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
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Purchase Date <b>01-JAN-1996</b>	Dealer's Name _____	Engine Size (CID/CYL) <b>4 CYL</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <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 _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>01300000 02100000</b>	Par. Name(s) <b>STEERING:POWER ASSIST SUSPENSION:INDEPENDENT FRONT</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures <b>1</b>	Date(s) of Failure(s) <b>15-02-1998</b> Mileage at Failure(s) <b>40000</b> Vehicle Speed at Failure(s) <b>20</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**APPLICATION 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 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>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

THE DATES I HAVE GIVEN ARE NOT EXACT - THEY WERE A ESTIMATION. I HAVE HAD NOTHING BUT PROBLEMS WITH THIS CAR SINCE I BOUGHT IT, AND THE DEALERSHIP I BOUGHT THE CAR FROM HAS GIVEN ME QUIT A BIT OF FLACK ABOUT FIXING THE PROBLEMS. EVEN WITH AN EXTENDED WARRANTY I STILL TO THIS DAY CONTINUE TO HAVE PROBLEMS WITH THE CAR. AT THIS TIME THE POWER STEERING IS GOING OUT, THERE IS A BAFFLING LOSE IN THE CATYLITIC CONVERTER - THAT CONSTANTLY CLANKS WHEN YOU PUT THE CAR IN DRIVE, THE CARS PAINT IS PEELING AND CHIPPING. WHEN I HAD THIS CHECKED OUT BY SEVERAL AUTO BODY SHOPS THEY TOLD ME THAT IT WAS A "FRIDAY CAR" AND A MANUFACTURES DEFECT. THE FRONT SUSPENTION CONTINUES TO SQUEEK LOUDLY WHEN GOING OVER SPEED BUMPS. AT THIS POINT I FEEL LIKE I RECEIVED A LEMON OF A DEAF

CONTINUED ON BACK PLEASE

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.



U.S. Department of Transportation

National Highway Traffic Safety Administration

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