

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration
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

19-OCT-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

734751

 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>(located at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET	CAMARO	1995	

Purchase Date 01-DEC-1998	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
--	---	---	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08310000	Par. Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	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
No of Failures 1	Date(s) of Failure(s) 12-NOV-1999 Mileage at Failure(s) 95692 Vehicle Speed at Failure(s) 2	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--------------------------------	---------------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ON NOV.12, 1999, I PARKED MY CAR AT A GASOLINE STATION. I PUMPED SOME GAS AND AS I PROCEEDED TO TURN MY VEHICLE ON, MY ENGINE WOULD NOT START. I CHECKED TO SEE WHAT THE PROBLEM WAS ONLY TO FIND ALL THE FUSES IN MY CAR BURNED ALONG WITH ALL THE ELECTRICAL WIRING. MY VEHICLE WAS TOWED TO AN AUTO SHOP AND THE OWNER INFORMED ME THAT EVERYTHING HAD BURNED UP, THE ABS SYSTEM, THE COMPUTER, COMPUTER CHIPS, ALL THE ELECTRICAL COMPONETS WERE BURNED. HE COULD NOT EXPLAIN HOW THIS COULD HAVE HAPPENED. THE OWNER TOOK 3 MONTHS TO FIX IT. IT WAS SO EXPENSIVE THAT WE ONLY FIXED A FEW OF THE THINGS, WE DID AWAY WITH THE ABS SYSTEM AND THE AIR BAG. BECAUSE WE HAD TO PAY FOR THE REPAIRS WE WERE UNABLE TO MAKE A PAYMENT ON THE VEHICLE CAUSING IT TO BE RE

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.