



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
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

02-FEB-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

740346

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 bottom of dashboard on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G1JC5240S7172623 | CHEVROLET | CAVALIER | 1995 | |

| | | | |
|---|--|---|--|
| Purchase Date 01-JUN-2099 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CCL) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
|---|--|---|--|

| | | | | | | |
|--|---|---|--|---|--|--|
| 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle | 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 09012000 12420000 | Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:INSTRUMENT LI INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------------------|--|--|---|

| | | | |
|----------------------|---|---|---|
| No. of Failures 1 | Date(s) of Failure(s) 02-NOV-2000 Mileage at Failure(s) 96713 Vehicle Speed at Failure(s) 40 | 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)

I WAS TRAVELING ABOUT 60 MPH ON A HIGHWAY WHEN THE PANEL LIGHTS CAME ON AND THE CAR QUIT. I TRAVELED ABOUT 10FT WHEN THE CAR CAME TO A HALT AND WOULD NOT GO ANY MORE. AFTER ABOUT 15 MINUTES, I TRIED TURNED THE KEY AND THE CAR STARTED. I TRAVELED ABOUT 15 MILES WITH THE CAR ALMOST STALLING 2 TO 3 TIMES ALONG THE WAY. IT STARTED FINE FOR THE NEXT 4 DAYS AND ALMOST STALLED ANOTHER 5 TIMES. DURING THIS TIME THE ENGINE LIGHT WOULD FLICKER. AFTER 5 DAYS THE CAR WOULDN'T START, AT ALL. IT HAD TO BE TOWED AND FIXED. THIS IS RELATED TO THE MODULATOR AND CRANK SENSOR. IN REGARDS TO THE SERPENTINE TENSIONERS AND BELT, THE FIRST BELT WAS REPLACED AFTER IT WAS SQUEAKING. WHILE DRIVING, AT ABOUT 40 MPH, I FORGET WHICH LIGHT CAME ON, BUT I HAD TO PULL INTO A MID

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-576 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.