



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

14-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

742442

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1G1LD5540TY132958	CHEVROLET	CORSICA	1996			
Purchase Date 01-SEP-2097	Dealer's Name _____	Engine Size (CID/CC/L) 2.2 LI	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio			
<input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 Util <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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 12110000 15130000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 5	Date(s) of Failure(s) 03-MAY-2099 42000 Mileage at Failure(s) 10	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--------------------------------	---------------------------	--------------------------	---

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

FUSE #9 ON THE VEHICLE KEEPS REPETEDLY BLOWING OUT RENDERING THE ANTI-LOCK BRAKES, THE AIRBAG, THE POWER LOCKS, THE POWER LIGHTS, THE REAR DEFOGGER, THE A/C BLOWER, AND THE INSTRUMENT PANEL INOPERABLE. THIS VEHICLE HAS BEEN IN 5 SEPARATE TIMES FOR REPAIRS FOR THE AFORMENTIONED PROBLEM. DUE TO THE FACT THAT ALL SAFETY FEATURES ON THE VEHICLE BECOME DISABLED, I DO NOT BELIEVE THAT THIS VEHICLE IS SAFE TO DRIVE. THE DEALERSHIP HAS BEEN UNABLE TO FIND THE PROBLEM, AND HAS ALSO SUBLET THE VEHICLE TO 3 OTHER CHEVROLET DEALERSHIPS THAT HAVE ALSO BEEN UNABLE TO CORRECT THIS PROBLEM. I AM A PREGNANT MOM WITH 3 CHILDREN....SAFETY IS DEFINITELY AN ISSUE!!!!!!

COPIED FROM NHTSA FILE # 10

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.