

785284

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 2/17/01 9:22PM
Subject: Car Talk VOQ submission

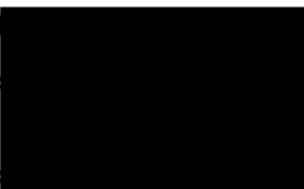
* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Saturday, February 17th 2001 at 9:21:48 PM

VEHICLE OWNER'S QUESTIONNAIRE
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OWNER INFORMATION

NAME
ADDRESS
TELEPHONE



NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1y1sk5149hz130511
MAKE: chevrolet
MODEL: nova
YEAR: 1987

ODOMETER: 91000
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: private owner
ADDRESS: beaver, pa 15009

ENGINE SIZE: 1.4
CYLINDERS: 4

FUEL INJECTION: No
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: No
PASSENGER AIRBAG: No
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: Yes
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: seat belt
PART NAME(S): seat belt
LOCATION: Right Rear
NUMBER OF FAILURES: constantly, rear seat
belts do not properly
retract.
DATE(S) OF FAILURES: various
MILEAGE AT FAILURE(S): since purchase
SPEED AT FAILURE(S): parked or any speed
MANUFATURER CONTACTED:
NHTSA CONTACTED:

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No
NUMBER OF PERSONS INJURED: none
NUMBER OF FATALITIES: none
ESTIMATED PROPERTY DAMAGE: \$
DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A
REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

the seat belts in the rear on the left and right do not retract properly. they must be pushed to get them to retract when they should do so automatically

END OF FORM



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 778

Date Received

17-FEB-2001

Ord or _____
 rt_dt _____
 od_rt _____
 ip_tr _____

Reference No.

785284

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 windshield and driver's side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1Y1SK5149HZ130511	CHEVROLET	NOVA	1987	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) 4 CYL	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" 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 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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 2	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THAT THE REAR SEAT BELTS DO NOT RETRACT PROPERLY. *SLC

COPIED FROM NHTSA FORM 301

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.