



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 §20

Date Received

17-DEC-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000791

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 | | |
| FILL IN PLEASE | CHEVROLET | CAVALIER | 1999 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| 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"/> Motorbelt <input 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 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 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 10313000 | Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER LINKAGE:PIVOT:DRIVE AS | 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 1 | Dates of Failure(s) 13-DEC-2001 Mileage at Failure(s) 38000 Vehicle Speed at Failure(s) 25 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NIHTSA 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 0 | Number of Fatalities 0 | Estimated Property Damag | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--------------------------------|---------------------------|--------------------------|--|

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

WINDSHIELD WIPERS FAILED DURING INCLEMENT WEATHER , REDUCING VISIBILITY WHILE TRAVELING APPROXIMATELY 25 TO 30 MPH. DEALERSHIP HAS NOT EXAMINED VEHICLE FOR THIS PROBLEM. CONSUMER DIAGNOSED NUT FOR TRANSMISSION OF WINDSHIELD WIPER, SNAPPED OFF, CAUSING FAILURE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*AK

COPIED FROM NHTSA FORM 101

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.