Form Approved: OMB No. 2127-0042

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 1220

Date Received: 05-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8005015

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G1FP87H8GL119688	CHEVROLET	CAMARO	1986	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 180000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

UPON CONNECTING SEAT BELT LATCH, IT WILL NOT STAY CONNECTED. PASSENGER SEAT BELT DOES NOT WORK AT ALL. RECALL NUMBER 90V105000. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON A SEPARATE SHEET

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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 1220

Date Received: 05-MAR-2002
OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8005015

OWNER INFORMATION (Type or Print)

[redacted]4

Work Numb[redacted]
Home Numb[redacted]

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 Ow[redacted] Date 3/19/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G1FP87H8GL119688	CHEVROLET	CAMARO	1986	

Purchase Date: 1988 ☐ New ☒ Used

Dealer's Name: Champion Chevr
City: Reno State: NV Zip Code: 89502-2016

Engine Siz (CID/CC/L): ____ No Cylinders: V-8

☐ Turbo ☐ Diesel ☒ GAS ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☒ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12250000	INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	☒ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s): 180000	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No	NA	NA	NA	☐ Yes ☐ No

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

UPON CONNECTING SEAT BELT LATCH, IT WILL NOT STAY CONNECTED. PASSENGER SEAT BELT DOES NOT WORK AT ALL. RECALL NUMBER 90V105000. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK4 Drivers side SEAT DELT

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

ON MAR 4 OR MAR 11, 2002. I took my 1986 CAMARO To CHAMPION CHEV. to have the FAULTY SEAT BELTS Fixed AS PER RECALL # 90V105000. LATER THAT AFTERNOON I received a phone CALL From Chuck Brown Service Rep TELLING me THAT G.M. REFUSED to pay to Fix the SEAT belts, CITING THAT they had to Fix the CARS IN CANADA but DIDN'T HAVE to Fix the CARS IN The U.S.A. I WAS told ALSO by MR. Brown to FAIR to you people to see IF I could get anything done. ANOTHER THING THAT happens with THIS CAR IS IF I LEAVE the Cruise CONTROL ON, SOMETIMES it will ACTIVATE. I did NOT KNOW THAT G.M. ALSO HAD A RECALL ON THIS. I AM ANXIOUSLY AWAITING your REPLY. Yours Truly

[redacted]

P.S. The G.M. File # IS 06330439

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590