



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 436

Date Received

12-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005492

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1APB7HOEN199886		CHEVROLET	CAMARO	1984	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DRIVER'S RESTRAINT WILL NOT LOCK INTO THE BUCKLE HARNESS. VEHICLE IS INCLUDED IN A RECALL 84 V0111; HOWEVER, DEALER AND MANUFACTURER WILL NOT REPAIR THE VEHICLE UNDER THE RECALL.*AK

COPIES OF THIS FORM ARE:

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.

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 436 Date Received <u>12-MAR-2002</u> Office <u>INVESTIGATION</u> Reference No. <u>8005492</u> Work Number _____ Home Number _____	
INFORMATION (Type or Print) [Redacted] 743070 LOUISVILLE KY [Redacted]		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized signature, your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date <u>3/22/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G1AP87HOEN199886	CHEVROLET	CAMARO	1984
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
☐ New ☒ Used	City _____ State _____ Zip Code _____	<u>3.5</u> No Cylinders <u>8</u>	<u>166000</u>
Transmission Type	Antilock Brakes	Restraint System	Vehicle Type
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Car ☐ Van ☐ Minivan ☐ Other
Cruise Control	Drive Train	Body Style	
☐ Yes ☒ No	☐ Front ☒ Rear ☐ 4-Wheel	☒ 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 ☒ Front	☒ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) <u>Not crash tested</u> Mileage at Failure(s) <u>Belt will not Buckle</u> Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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
☐ Yes ☐ No	☐ Yes ☐ No		
Estimated Property Damage		Reported to Police	
		☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DRIVER'S RESTRAINT WILL NOT LOCK INTO THE BUCKLE HARNESS. VEHICLE IS INCLUDED IN A RECALL 84 V0111; HOWEVER, DEALER AND MANUFACTURER WILL NOT REPAIR THE VEHICLE UNDER THE RECALL.*AK			

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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