



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 1368

Date Received

16-APR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8007750

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		
020083G1JC5244FF8	CHEVROLET	CAVALIER	1995			
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 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 08500000	Part Name(s) ELECTRICAL SYSTEM:IGNITION	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	Dates of Failure(s) _____ 27-MAR-2002 Mileage at Failure(s) _____ 96000 Vehicle Speed 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IT IS HARD TO START VEHICLE.*AK

CONTINUE ON REVERSE

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.

FOR AGENCY USE ONLY 1368

Date Received: 05 MAY - 19 PM 16-APR-2002

Office: DEFECTS INVESTIGATION

Reference No.: 8007750

Work Number: 748829

Home Number: [REDACTED]

Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 www.nhtsa.dot.gov/hotlines
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-DOT

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 signature is required.

Signature of Owner: [REDACTED]

Date: 4/28/02

Vehicle Information:

Vehicle Ident. No. (VIN): 020083G1JCS244FB8

Vehicle Make: CHEVROLET

Vehicle Model: CAVALIER

Vehicle Year: 1995

Current Odometer Reading: 98,500

Purchase Date: New Used

Dealers Name: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Engine Size: [REDACTED] (CID/CCL)

Engine Type: Turbo Diesel Gas Fuel Injectio

Transmission Type: Manual Automatic

Restraint System: 3-Point Belt 2-Point Belt Motor/Rel

Cruse Contro: Yes No

Drive Trai: Front Rear 4-Wheel

Vehicle Type: Car Van Minivan Other

Body Style: 2-Door 4-Door Stationwagon Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 08500000

Part Name(s): ELECTRICAL SYSTEM:IGNITION

Location: Front Left Right Rear

Failed Parts: Original Replacement

No of Failures: [REDACTED]

Date(s) of Failure(s): 27-MAR-2002

Mileage at Failure(s): 96000

Vehicle Speed at Failure(s): [REDACTED]

Failed Part(s): [REDACTED]

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

Number of Persons Injured: [REDACTED]

Number of Fatalities: [REDACTED]

Estimated Property Damage: [REDACTED]

Reported to Police: Yes No

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

IT IS HARD TO START VEHICLE. AK
 Vehicle has a recall for this problem but cant fix (unit) and
 sure (see back)

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.

CONTINUE ON BACK IF NEEDED

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I've been having problems starting my car for the past 6 months. I received a recall for my car for this problem. This may cause a danger to me (fire) and I'm concerned that I need to wait until June for the parts and the dealer to be able to fix this problem. In my situation I don't have the money to fix this and I feel that it's urgent to take care of this problem before June since I've had problems with this for approximately 6 months

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

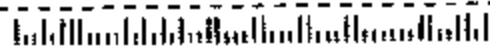


BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

20590+0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

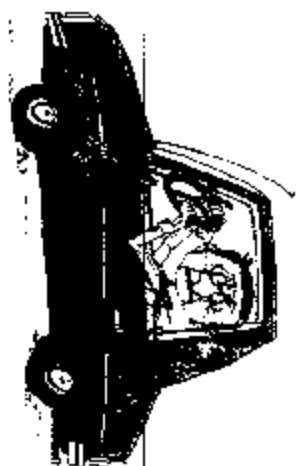
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/ncsa>