



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 1039

Date Received

07-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009332

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		
1G1YY22G9W5120658	CHEVROLET	CORVETTE	1998			
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 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 06620000	Part Name(s) EXHAUST SYSTEM:PIPE:EXHAUST	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) _____ Mileage at Failure(s) _____ 21 Vehicle Speed at Failure(s) _____	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	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)

BOTH EXHAUST PIPES ARE SEPARATED FROM FLANGE IN FRONT OF REAR AXLE. PIPES KEEP MUFFLER OFF GROUND. WHEN SEPARATE AND MUFFLER HITS GROUND, IT CAN DAMAGE REAR OF VEHICLE, AND VEHICLE IN PATH. ALSO, FUMES ARE LEAKING FROM EXHAUST PIPES. DEALER CONTACTED.*AK

COPIED FROM NHTSA - REF 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.

DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4235 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1039 Date Received <u>07-MAY-2002</u> OFFICE DEFECTS INVESTIGATION Reference No. <u>8009332</u>	
OWNER INFORMATION (Type or Print) [Redacted] <u>752697</u> RALEIGH NC [Redacted]				Work Number _____ Home Number _____	
Do you authorize NHTSA to contact the manufacturer of your vehicle? In the absence of a signature, please print the name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>5/19/02</u>		Signature of Owner _____	
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1G1YY22G9W5120658</u>		Vehicle Make <u>CHEVROLET</u>	Vehicle Model <u>CORVETTE</u>	Vehicle Year <u>1998</u>	Current Odometer Reading _____
Purchase Date <u>4/12/2001</u>	Dealer's Name <u>HENDRICK DODGE</u> City <u>CARY</u> State <u>NC</u> Zip Code <u>27511</u>		Engine Size (CID/CYL) <u>350</u> No. Cylinders <u>8</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injecto	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up Truck	FAILED COMPONENT(S)/PART(S) INFORMATION				
Component <u>06620000</u>	Part Name(s) <u>EXHAUST SYSTEM:PIPE:EXHAUST</u>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures <u>2</u>	Date(s) of Failure(s) <u>5/30/2001 AND 5/9/2002</u> Mileage at Failure(s) <u>1,990/21,600</u> Vehicle Speed at Failure(s) <u>N/A</u>		Failed Part(s) <input checked="" 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(ies), 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 Damage _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>BOTH EXHAUST PIPES ARE SEPARATED FROM FLANGE IN FRONT OF REAR AXLE. PIPES KEEP MUFFLER OFF GROUND. WHEN SEPARATE AND MUFFLER HITS GROUND, IT CAN DAMAGE REAR OF VEHICLE AND VEHICLE IN PATH. ALSO, FUMES ARE LEAKING FROM EXHAUST PIPES. DEALER CONTACTED.*AK</p> <p><i>NOTE: NC INSPECTOR AT VEHICLE INSPECTION STATION STATED THAT:</i></p> <ol style="list-style-type: none"> 1. THIS IS COMMON IN CORVETTES (C5 BODY STYLE) 2. THIS IS DUE TO FAULTY WELDS (HE WAS A FORMER MUFFLER MECHANIC) 3. THIS IS A SAFETY HAZARD AND WILL NOT PASS NC INSPECTIONS. 					
CONTINUE ON BACK IF NEEDED					
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

SIMPLY PUT: FAULTY EXHAUST (FACTORY) WELDS ALLOW EXHAUST PIPE SEPARATION. MUFFLERS AND TAIL PIPES CAN FALL TO ROAD SURFACE AND RIP OFF.

POTENTIAL HAZARDS: * EXHAUST FUMES IN PASSENGER COMPARTMENT
* SCRAPING EXHAUST SYSTEM CAN BE DISLOADED FROM MOUNTS AND TEAR THROUGH REAR OF CAR - BOUNCING INTO FOLLOWING VEHICLES

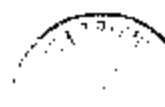
ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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.



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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

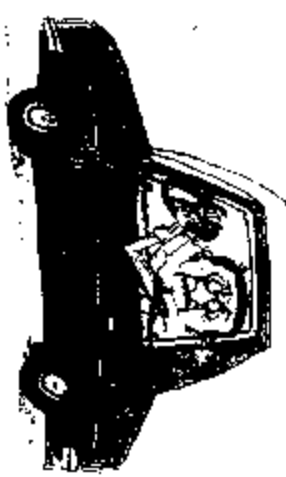
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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