



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 798**

Date Received

08-MAY-2002

Ord. or  
rt. dt  
od. rt  
rp. ltr

Reference No.

8009460

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)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET	CAVALIER	1999			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 01100000	Part Name(s) STEERING:WHEEL AND COLUMN	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) 02-MAY-2002 Mileage at Failure(s) 50000 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)

**WHILE DRIVING AT HIGHWAY SPEEDS STEERING HAS LOCKED UP, AND CONSUMER HAS HAD TO TURN VEHICLE OFF TO UNLOCK STEERING. CONTACTED DEALER, AND THE DEALER WAS NOT WILLING TO DO ANYTHING.\*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.



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 798

Date Received

08 JUN 11 PM 2:08  
08-MAY-2002

OFFICE OF DEFECTS INVESTIGATION

Od or  
d at  
od rt  
up\_itr

Reference No.

8009460

OWNER INFORMATION (Type or Print)

753063

BLADENBORO

NC

Work Number

Home Number

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 address to the vehicle manufacturer.

Signature of Owner PREVIOUS OWNER

Date 5/28/2002

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1G1JC1249X7186293 Vehicle Make CHEVROLET Vehicle Model CAVALIER Vehicle Year 1999 Current Odometer Reading 37,900

Purchase Date 1999 Dealer's Name JERRY JOHNSON Engine Sz (CID/CC/L)  Turbo  Diesel  Gas  Fuel Injectio  
 New  Used City LUMBERTON State NC Zip Code  No. Cylinders 4

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component D1100000 Part Name(s) STEERING:WHEEL AND COLUMN Location  Left  Right  Front  Rear Failed Part/s  Original  Replacement  
No of Failures 2 Date(s) of Failure(s) 02-MAY-2002 JUNE 2001 Failed Part(s)  Yes  No NHTSA Previously  Yes  No  
Mileage at Failure(s) 50000 23,000 Vehicle Speed at Failure(s) 10 MPH 20 MPH

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 N/A Number of Fatalities N/A Estimated Property Damage N/A Reported to Police  Yes  No

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

WHILE DRIVING AT HIGHWAY SPEEDS STEERING HAS LOCKED UP, AND CONSUMER HAS HAD TO TURN VEHICLE OFF TO UNLOCK STEERING. CONTACTED DEALER, AND THE DEALER WAS NOT WILLING TO DO ANYTHING. \*AK DEALER CHECKED VEHICLE BOTH TIMES AND WAS NOT ABLE TO FIND PROBLEM. I TRADED THIS VEHICLE AFTER LAST OCCURRENCE. NO PAPER WORK WAS GENERATED FROM EITHER VISIT.

CONTINUE ON BACK IF NEEDED

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

STEERING WHEEL LOCKED (AS IT DOES IN PARK) WHILE TURNING IN AN INTERSECTION. CAR WAS STOPPED, SWITCHED OFF, PUT IN PARK RE-STARTED BEFORE STEERING WOULD RELEASE. JUNE 2001

STEERING WHEEL LOCKED WHILE ENTERING HIGHWAY. STOPPED, SWITCHED OFF THEN RE-STARTED STEERING WHEEL RELEASED. THIS TIME MY DAUGHTER WAS LEAVING DAY CARE WITH MY SON. THIS WAS THE LAST TIME I LET HER DRIVE THIS VEHICLE. MAY 2002

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**

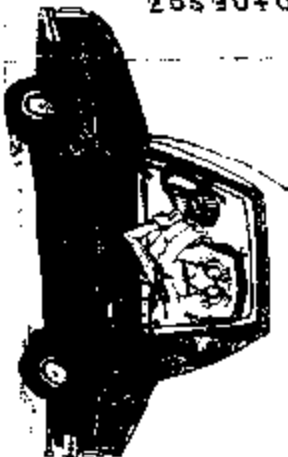
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

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



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



DOT Auto Safety Hotline  
(DASH) 2 DOT

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

and dial toll free at

**DASH2DOT**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



**VEHICLE  
OWNER'S**