



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

20-MAY-2002

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

Reference No.

8010101

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>(Leave blank for unknown or destroyed)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
UNKNOWN	CHEVROLET	CAVALIER	1996			
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 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 08510000	Part Name(s) ELECTRICAL SYSTEM:IGNITION:SWITCH	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) _____ 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER SPOKE WITH MANUFACTURER REGARDING NHTSA RECALL NOTICE 02V070000/  
MANUFACTURER'S RECALL 14779. HOWEVER, VECIHLE WAS INOPERABLE CONSUMER REQUESTED  
THAT CHEVROLET HAVE VEHICLE TOWED, CHEVROLET REFUSED. PLEASE PROVIDE ANY FURTHER  
INFORMATION.\*AK

CONTINUED 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.

  
 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 <b>20-MAY-2002</b> <i>RECEIVED OFFICE OF DEFECTS INVESTIGATION 10 JUN 10 AM</i>	Od_or rt_dt od_rt up_ltr
Reference No. <b>8010101</b>	
Work Number <b>203-933-7463</b>	
Home Number <b>860-386-4105</b>	

**OWNER INFORMATION (Type or Print)**

**JEFF REID 754813**  
**16 WILSON AVENUE**  
**WEST HAVEN CT 06516**

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 *Jeff Reid* Date **6/7/02**

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <i>61JL5244T7210002</i> <small>(located on bottom of windshield or drivers side)</small>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>CAVALIER</b>	Vehicle Year <b>1996</b>	Current Odometer Reading <b>106285</b>
Purchase Date	Dealer's Name	City	State	Zip Code
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Engine Sz (CID/CC/L)	No Cylinders	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected	
Transmission Type <input type="checkbox"/> Manual	Antilock Brakes <input checked="" type="checkbox"/> Yes	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <i>[scribble]</i>	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear
		Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	