



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 252

Date Received

26-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8012737

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		
1G1YY22G4V5102843	CHEVROLET	CORVETTE	1997			
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 01120000	Part Name(s) STEERING 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) 26-JUN-2002 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)

STEERING COLUMN LOCKED, WILL LOCK AND UNLOCK INTERMITTENTLY. DEALERSHIP IS AWARE OF PROBLEM.*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 252

Date Received 26 JUN 2002

Od or rt_dt _____
pd_rt _____
up_ltr _____

DEFECTS INVESTIGATION OFFICE

Reference No.

8012737

OWNER INFORMATION (Type or Print)

[Redacted] 781175
HERMOSA BEACH CA [Redacted]

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 author... WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 7/15/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1G1YY22G4V5102843 Vehicle Mak CHEVROLET Vehicle Mode CORVETTE Vehicle Year 1997 Current Odometer Reading 54,026

Purchase Date _____ Dealer's Name RYDELL Engine Siz (CID/CC/L) 5.7L Turbo Diesel Gas Fuel Injectio
 New Used City SAN FERNANDO State CA Zip Code 91340 No Cylinders V8

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01120000 Part Name(s) STEERING COLUMN Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures 2 Date(s) of Failure(s) 28 JUN 2002 Mileage at Failure(s) APPROX 42,000 & 52,000 Vehicle Speed at Failure(s) 0 MPH 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 0 Number of Fatalities 0 Estimated Property Damage 0 Reported to Police Yes No

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

STEERING COLUMN LOCKED, WILL LOCK AND UNLOCK INTERMITTENTLY. DEALERSHIP IS AWARE OF PROBLEM.*AK

CONTINUE ON BACK IF NEEDED

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