

U.S. Department
of TransportationNational 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 151

Date Received

16-MAR-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

858649

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>(Listed at front of windshield or driver's side)</small>	Vehicle Make CHEVROLET	Vehicle Model CAMARO	Vehicle Year 1998	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112100	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING BOTH DRIVER'S SIDE AND PASSENGER SIDE AIRBAGS DEPLOYED WITHOUT WARNING OR REASON. DEALER HAS NOT SEEN VEHICLE. *AK

CONTINUED ON BACK (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.

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Date Received: 16-MAR-2005
OFFICE OF INVESTIGATION
Od_or _____
rt_dt _____
od_rt _____
up_itr _____

OWNER INFORMATION (Type or Print)

696940

Reference No. 858649

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an _____ name and address to the vehicle manufacturer.
Signature of Owner _____ Date: 3-22-05

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2G2FP22K7W215814
Vehicle Make CHEVROLET
Vehicle Model CAMARO
Vehicle Year 1998
Current Odometer Reading 32

Purchase Date May 98
Dealer's Name SPITZER
City Aurora State Oh Zip Code _____
Engine Size (CID/CC/L) 3800
No Cylinders 6
 Turbo
 Diesel
 Gas
 Fuel Injection

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 Ult
 Van Truck
 Minivan Motorcycle
 Other
Body Style 2-Door
 4-Door
 Stationwagon
 Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112100
Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT-AIR BAG:SIDE DOOR
Location Left Right
 Front Rear
Failed Part(s) Original
 Replacement

Driver + passenger

No of Failures _____
Date(s) of Failure(s) Feb 24 05
Mileage at Failure(s) 3312
Vehicle Speed at Failure(s) not moving - 0-mph
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? 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 1
Number of Fatalities 0
Estimated Property Damage 0
Reported to Police Yes No

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

WHILE DRIVING BOTH DRIVER'S SIDE AND PASSENGER SIDE AIRBAGS DEPLOYED WITHOUT WARNING OR REASON. DEALER HAS NOT SEEN VEHICLE. *AK while going from reverse to first both air bags deployed. vehicle was not moving at the time. month later OH still has not looked at car. I was putting my car into first gear, I heard a pop bag after that someone opened the car door to ask if I was okay. I checked what happened. The air bags just deployed! If it was to the dealer

CONTINUE ON BACK IF NEEDED

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National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

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POSTAGE WILL BE PAID BY NATE HWY TRAFFIC SAFETY ADMIN

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 79173 WASHINGTON, D.C.

Official Business
Penalty for Private Use \$300

400 Seventh St., S.W.
Washington, D.C. 20590

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



U.S. Government Printing Office: 1985 - 623-380

I would have been on I-90 I can't believe that I don't
know. We tried to contact them + we were ignored. The cops
worked out, but they requested to talk to me. I was asked if
I had talk to someone they were rudd + weir was Chasing.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO.		D	O	T	M	A	N	U	F	I	R	E	S	I	D	E	S	I	D	
7	8																			
MANUFACTURER/TIRE NAME	SIZE																			

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)