

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 120

Date Received

30-MAY-2000

Oid_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

862696

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1JC1243X7153130	CHEVROLET	CAVALIER	1999	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	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 0	Date(s) of Failure(s) 28-MAY-2000 Mileage at Failure(s) 37634 Vehicle Speed at Failure(s) 0	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	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)

CONSUMER STATES SHE HAD A HEAD ON COLLISION WITH TREE AFTER AVOIDING A PICKUP TRUCK AND AIR BAGS DID NOT DEPLOY, BUT THE AIR BAGS LIGHTS CAME ON. DAUGHTER WAS INJURED IN THE COLLISION.

CONTINUED ON BACK PLEASE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 120</p> <p>Date Received: 00 JUN 22 AM 9:30-MAY-2000</p> <p>OFFICE: DEFECTS INVESTIGATION</p>		
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 611429</p>		<p>Reference No. 862696</p> <p>Work Number</p> <p>Home Number</p>		<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? to the absence of your signature? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner: [Redacted] Date: 06/05/00</p>		
<p align="center">VEHICLE INFORMATION</p>						
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)</p> <p>1G1JC1243X7183130</p>		<p>Vehicle Make</p> <p>CHEVROLET</p>	<p>Vehicle Model</p> <p>CAVALIER</p>	<p>Vehicle Year</p> <p>1999</p>	<p>Current Odometer Reading</p> <p>37,884</p>	
<p>Purchase Date</p> <p>11-98</p>	<p>Dealer's Name</p> <p>Jim Robertson Chevrolet</p>		<p>Engine Size (CID/CC/L)</p> <p>2.2</p>	<p>No Cylinders</p> <p>4</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p><input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City Knivssville State MO Zip Code 63501</p>		<p>Transmission Type</p> <p><input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input 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</p>	
<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>	<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>	<p>Component</p> <p>12111000</p>	
<p>Part Name(s)</p> <p>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	<p>No of Failures</p> <p>1</p>	<p>Date(s) of Failure(s) 28-MAY-2000</p> <p>Mileage at Failure(s) 37834</p> <p>Vehicle Speed at Failure(s) 0</p>	<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p align="center">APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>1 hospitalized but 2 injured</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>\$6000.00</p>	<p>Reported to Police</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>						
<p>CONSUMER HAD A HEAD ON COLLISION WITH TREE AFTER AVOIDING A PICKUP TRUCK, AND AIR BAGS DID NOT DEPLOY, BUT THE AIR BAG LIGHTS CAME ON. DAUGHTER WAS INJURED IN THE COLLISION.</p> <p>*AK THESE ARE THE SAME VEHICLES</p> <p><i>also - the brakes makes a really weird noise, like wires being stretched prior to the wreck. also, we own a 97 cavalier, which does the same thing!</i></p>						
<p align="right">CONTINUE ON BACK IF NEEDED</p>						
<p>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.</p>						

TIRE IDENTIFICATION NO.*

D O T

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)

SMAC Allegations Specialist June 12, 00. Hello
Calvin and stated SMAC was taken free
responsibilities but we must okay them
to replace the sensors and modules. But
yet they don't want to pay the testing bill
or take care of her medicine.

☆ U.S. G.P.O.: 1992 - 623-697 / 80286

U.S. Department
of Transportation
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Traffic Safety
Administration**

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

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Penalty for Private Use \$300



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
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