

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 335

Date Received

28-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

868901

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 drivers side)</small>	Vehicle Make CHEVROLET	Vehicle Model CAVALIER	Vehicle Year 1996	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 02410000	Part Name(s) SUSPENSION: SINGLE AXLE: REAR: LEAF SPRING ASSEMBLY	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <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-JUL-2000 Mileage at Failure(s) 100000 Vehicle Speed at Failure(s) 2	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 0	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 CAN HEAR A BUMPING IN REAR DRIVERS SIDE OF VEHICLE.*AK**

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.



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1-888-327-4235
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DATE RECEIVED: 00001-3 PM 1:37
28-AUG-2000
OFFICE: SPECIAL INVESTIGATION

Reference No. 888901

OWNER INFORMATION (Type or Print)

631488

Work Number

Home No.

Signature of Owner

In the absence of the owner, you must provide your name and address to the vehicle manufacturer. Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

VEHICLE INFORMATION

Vehicle Model: CHEVROLET

Vehicle Year: 1996

Vehicle Identification No. (VIN): 5G15C6A47T583356

Vehicle Make: CAVALIER

Purchase Date

Dealer's Name: BERRY CHRYSLERS

New Used

City: LORICANA State: TX Zip Code: 75110

Engine Size (CID/CCL): F
No. Cylinders: 4
Fuel System: Gas Diesel Turbo Fuel Injectio

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt 2-Point Belt

Crash Control: Yes No

Drive Type: Front Rear 4-Wheel

Vehicle Type: Car Van Truck Motorcycle Other

Body Style: 2-Door 4-Door Stationwagon Pick up Truck

Component: 02410000

Part Name(s): SUSPENSION: SINGLE AXLE: REAR: LEAF SPRING ASSEMBLY

Location: Left Right Rear Front

No. of Failures: 0

Date(s) of Failure(s): 28-JUL-2000

Mileage at Failure(s): 1000000

Vehicle Speed at Failure(s): 0

Failed Parts: Front Rear Original Replacement

Failed Parts: Yes No

Previously Reported to Police: 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

Number of Persons Injured: 0

Number of Fatalities: 0

Estimated Property Damag: 0

Reported to Police: Yes No

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

CONSUMER CAN HEAR A BUMPING IN REAR DRIVERS SIDE OF VEHICLE. AK

CONTINUE ON BACK IF NEEDED

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