

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 117

Date Received

11-OCT-2000

 Ocl\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

872734

 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
1G1JC1445R7270272	CHEVROLET	CAVALIER	1994	

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input checked="" 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 checked="" 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 06114000	Part Name(s) FUEL:FUEL TANK ASSEMBLY:GAUGE:FUEL	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 Failures 5	Date(s) of Failure(s) 31-AUG-2000 Mileage at Failure(s) 72 Vehicle Speed at Failure(s) 35	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 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)

FUEL GAUGE DOES NOT WORK PROPERLY. NEEDLE WOULD GO ALL THE WAY PAST FULL WHEN IT'S FILLED. BUT WHEN DRIVING, CANNOT TELL IF TANK IS BEING EMPTY DUE TO NEEDLE NOT MOVING DOWNWARD. WAS NO INDICATION OF WHETHER FUEL WAS IN TANK OR NOT. TOOK TO DEALERSHIP & WAS INFORMED BY MECHANIC THAT A NEW PART, FUEL SENDER MODULE, WAS NEEDED & WOULD REPLACE IT WHEN IT CAME IN. 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.



# Vehicle Owner's Questionnaire (VOQ)

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National Highway Traffic Safety Administration  
NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
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## OWNER INFORMATION (Type or Print)

445603  
Home Number  
Work Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 YES  NO  
In the absence of your signature, your name and address to the vehicle manufacturer.  
Signature of Owner: [Redacted]  
Date: 10/23/00

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of manufacturer's door sill): 1G1JC1445R7270272  
Vehicle Make: CHEVROLET  
Vehicle Model: CAVALIER  
Vehicle Year: 1994  
Current Odometer Reading: 73,600

Purchase Date: 4/22/94  
Dealers Name: Dobler Chevrolet  
City/Town/State NY zip code 11550  
Engine Size (CID/CYL): 2.2 liter  
Fuel Injection:  Turbo  Diesel  Gas

Transmission Type:  Automatic  Manual  
Anti-lock Brakes:  Yes  No  
Restrain System:  3-Point Belt  2-Point Belt  
Cruise Control:  Yes  No  
Drive Train:  Front  Rear  4-Wheel  
Vehicle Type:  Car  Van  Minivan  Other  
 Sport Ute  Truck  Motorcycle  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 08114000  
Part Name(s): FUEL; FUEL TANK ASSEMBLY; GAUGE; FUEL  
Location:  Front  Left  Right  Rear  
Failed Part(s):  Original  Replacement

No of Failures: 5  
Date(s) of Failure(s): 31-AUG-2000  
Mileage at Failure(s): 72  
Vehicle Speed at Failure(s): 35  
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: 0  
Number of Failures: 0  
Estimated Property Damage:   
Reported to Police:  Yes  No

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

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CONTINUE ON BACK IF NEEDED

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Date Received: 09 OCT 31 PM 3:32  
Office: 11-OCT-2000  
Effects Investigation Reference No. 872734