



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 758

Date Received

20-NOV-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

875198

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1YY22GDW5115588	CHEVROLET	CORVETTE	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	--	--	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06450000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL SOLENOID VALVES	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
-----------------------	--	--	---

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 42000 Vehicle Speed at Failure(s) _____	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 <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
--	---	---------------------------	----------------------	---------------------------	---

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

WHILE DRIVING AT 30 MPH ENGINE STALLED. TOOK TO DEALER WHO INDICATED THAT SOLENOID VALVE SWITCH BRACKET THROTTLE HAD TO BE REPLACED AT CONSUMERS EXPENSE. PLEASE ADD ADDITIONAL INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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 1-888-327-4238 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 758 Date Rec'd: 12/4/00 20-NOV-2000 OFFICE OF SPECIAL INVESTIGATIONS Reference No. 875198	
	OWNER INFORMATION (Type or Print) [Redacted] 656414	Work [Redacted] Home Number [Redacted]	

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 [Redacted] Date 12/4/00

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading			
1G1YY22G0W5115588	CHEVROLET	CORVETTE	1988				
Purchase Date	Dealer's Name <i>MT Kisco Chevrolet</i>		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <i>MT Kisco</i> State <i>N.Y.</i> Zip Code <i>10549</i>		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"/> Motorbelt <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 Util <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 06450000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL:SOLENOID:VALVES:5	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	Date(s) of Failure(s) 15-NOV-2000 Mileage at Failure(s) 42000 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

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

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
WHILE DRIVING AT 30 MPH ENGINE STALLED. TOOK TO DEALER WHO INDICATED THAT SOLENOID: VALVE: SWITCH: BRACKET: THROTTLE HAD TO BE REPLACED AT CONSUMERS EXPENSE. PLEASE ADD ADDITIONAL INFORMATION. *AK <i>The problem was with the "drive by wire Throttle" otherwise known as the Throttle angle Control Module. See attached bill. This is a safety hazard. I could have been rear ended due to the sudden loss of power.</i>

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 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.



MT. KISCO CHEVROLET OLDSMOBILE CADILLAC INC.
175 N. Bedford Road



SEE REVERSE
SIDE FOR WARRANTY INFORMATION
ALL PARTS NEW EXCEPT AS NOTED



Sales 914 - 241-9500
Service 914 - 241-0900



MT. KISCO, NEW YORK 10549
Parts 914 - 241-3344
Fax 914 - 241-4558



N.Y.S. REGISTERED
REPAIR SHOP NO. R7059957



More than expected.



MILEAGE OUT	DATE COMPLETED	DATE PICKED UP

THANK YOU FOR CHOOSING
MT. KISCO CHEVROLET OLDSMOBILE CADILLAC
FOR ALL OF YOUR AUTO SERVICE NEEDS
VINCENT LAURITA - SERVICE MANAGER
KEVIN LAURITA - ASST. SERVICE MANAGER
DENNIS PACKER - ASST. SERVICE MANAGER

OUR SERVICE DEPARTMENT HOURS ARE
7:30 AM - 5:30 PM MONDAY - FRIDAY

TAKE ADVANTAGE OF OUR EARLY RISE / NIGHTDROPS SERVICE

CUSTOMER NO. 15495	ADVISOR DENNIS J. PACKER 68	CARD NO. 509	INVOICE DATE 11/15/00	INVOICE NO. CVC863370
	LABOR RATE	LICENSE NO. SURVEY 1	MILEAGE IN 47193	COLOR BLUE /
	YEAR / MAKE / MODEL 98 / CHEVROLET / CORVETTE / 4DR CONVERTIBLE		DELIVERY DATE	DELIVERY MILES
	VEHICLE ID. NO. 1B1YY122000W0115580		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	R.O. DATE 11/15/00	
				MILEAGE OUT NO: 47193

LABOR & PARTS

JOB # 1 06CVZENGLINE CHECK ENGINE LIGHT UNITS: TECH(S):45 265.00
OWNER STATES CHECK SERVICE ENGINE LIGHT CAME ON
COMPUTER TESTED SYSTEM TO CHECK FUR COMES
FOUND PTC P1518 STORED THROTTLE ANGLE ERROR DETECTED
REMOVED AND REPLACED THROTTLE CABLE CONTROL MODULE
Cleared codes. PERFORMED CYLINDER BALANCE TEST

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	29311780	PROBE 2.570	229.00	229.00
JOB # 1 TOTAL PARTS					229.00
JOB # 1 TOTAL LABOR & PARTS					494.00

JOB # 2 16CVZ BASIC ENGINE WORK UNITS: TECH(S):45 0.00
OWNER STATES CHECK LOST POWER WHILE DRIVING
SEE LINE # 1

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 2 TOTAL PARTS					0.00
JOB # 2 TOTAL LABOR & PARTS					0.00

TECHNICIAN CERTIFICATION
15 JOHN M. KLEIN 3 45

TOTALS		
*****THANK YOU FOR YOUR BUSINESS*****	TOTAL LABOR....	265.00
IF YOU ARE NOT COMPLETELY SATISFIED WITH THE REPAIRS OR THE	TOTAL PARTS....	229.00
SERVICE YOU RECEIVED PLEASE CONTACT YOUR SERVICE CONSULTANT.	TOTAL SHIRTLET....	0.00
IF YOUR CONSULTANT IS UNABLE TO RESOLVE YOUR CONCERN PLEASE	TOTAL G.O.B....	0.00
CALL VINCENT LAURITA, SERVICE MANAGER.	TOTAL MISC CHG....	0.00
	TOTAL MISC DISC....	0.00
	TOTAL TAX.....	37.95
	TOTAL INVOICE \$	527.95

YOU MAY RECEIVE A SERVICE SATISFACTION SURVEY FROM G.M. THIS IS OUR "REPORT CARD" AND WE WOULD APPRECIATE IT IF YOU WOULD FILL IT IN AND RETURN IT TO G.M. COMPLETELY SATISFIED= 100%.