
 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 197</p>	
<p>Date Received</p> <p>26-DEC-2000</p>		<p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p>		<p>Reference No.</p> <p>876997</p>	
<p>OWNER INFORMATION (Type or Print)</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? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner _____ Date ____/____/____</p>					
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p>		<p>Vehicle Make</p> <p>CHEVROLET</p>	<p>Vehicle Model</p> <p>CORSICA</p>	<p>Vehicle Year</p> <p>1996</p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p>	<p>Dealer's Name _____</p>		<p>Engine Size (C/D/CC/L) _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>
<p>City _____ State _____ Zip Code _____</p>	<p>No. Cylinders _____</p>				
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbet <input type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>
				<p><input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p>08510000</p>	<p>Part Name(s)</p> <p>ELECTRICAL SYSTEM:IGNITION:SWITCH</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p> <p>4</p>	<p>Date(s) of Failure(s) 20-DEC-2000</p> <p>Mileage at Failure(s) 60000</p> <p>Vehicle Speed at Failure(s) 60</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p align="center">(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 type="checkbox"/> Yes <input checked="" 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>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>WHILE DRIVING ABOUT 60 MPH VEHICLE STALLED, FORCING CONSUMER TO DRIVE OFF THE ROAD. THEN, WAITING FOR A FEW MINUTES, AND VEHICLE STARTED. SOMETIMES IT WILL NOT START, THEN NEXT DAY IT WILL START LIKE ALWAYS. *AK</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>					

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 197	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Rec'd: 26-DEC-2000 Reference No. 878997	
[Redacted] 663036 [Redacted]		Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner		Date 3/12/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1G1D554XY194173	CHEVROLET	CORSICA	1996
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Current Odometer Reading
	Today Chevrolet		65459
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Princeton State WV Zip Code	No. Cylinders	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" 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 <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
08510000	ELECTRICAL SYSTEM:IGNITION:SWITCH	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
4	20-DEC-2000 Mileage at Failure(s) 60000 Vehicle Speed at Failure(s) 60	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
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 ABOUT 60 MPH VEHICLE STALLED, FORCING CONSUMER TO DRIVE OFF THE ROAD. THEN, WAITING FOR A FEW MINUTES, AND VEHICLE STARTED. SOMETIMES IT WILL NOT START, THEN NEXT DAY IT WILL START LIKE ALWAYS. *AK			
<i>This occurred 2 more times - The last time requiring that the car be towed off the interstate as it wouldn't restart. It was towed to a dealer when it was determined that the problem was computer failure.</i>			
3-1-01			
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 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.			

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T V N 0 8 1 P U 2 5 8

MANUFACTURER/TIRE NAME

FIRESTONE WILDERNESS AT

SIZE

P235/70R16

* 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)

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

400 Seventh St., S.W.
Washington, D.C. 20580

Official Business
Penalty for Private Use \$300

★ U.S.G.P.O.: 1992-623-907/60000



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IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

