



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 120

Date Received

22-MAR-2001

Ord or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

883899

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>(Location at bottom of and/or above windshield)</small> | Vehicle Make CHEVROLET | Vehicle Model CAVALIER | Vehicle Year 1999 | Current Odometer Reading | | |
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | | |
| 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag | 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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | 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 _____ |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---------------------------|--|--|--|
| Component 03271000 | Part Name(s) BRAKES:HYDRAULIC:DISC:CALIPER | 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 Failure 0 | Date(s) of Failure(s) 16-MAR-2001 Mileage at Failure(s) 56000 Mileage at Failure(s) 0 | Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously <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 Damag | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|--------------------------|---|

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

TOP BRAKE PINS CAME COMPLETELY OUT OF THE BRAKE CALIPER . METAL PART OF BRAKES WERE BENT UP. NO INJURIES BECAUSE OF BRAKE FAILURE.*AK

COPIED FROM NHTSA FORM 101

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.

|  DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONAL HIGHWAY 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | | FOR AGENCY USE ONLY 120 Date Received: 22-MAR-2001 01 APR 12 AM 11:02 SPECIAL INVESTIG | |
|---|--|--|---|
| OWNER INFORMATION (Type or Print) [Redacted] 881895 | | Reference No. 883899 | |
| 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. | | Work Number Home Number [Redacted] | |
| Signature of Owner _____ Date: / / | | | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN.) (Located at bottom of dashboard on driver's side) [Redacted] | Vehicle Make CHEVROLET | Vehicle Model CAVALIER | Vehicle Year 1999 |
| Current Odometer Reading | | Engine Size (CID/CC/L) 2.2L <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | |
| Purchase Date MAY 1999 | Dealer's Name <u>Fernan Chevrolet</u> | | No. Cylinders <u>4</u> |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City <u>Brandon</u> State <u>FL</u> Zip Code _____ | | |
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Restraint System <input checked="" 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 | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <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 _____ | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
| Component 03271008 | Part Name(s) BRAKES:HYDRAULIC:DISC:CALIPER | Location <input type="checkbox"/> Left <input checked="" 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 0 | Date(s) of Failure(s) <u>16-MAR-2001</u> Mileage at Failure(s) <u>56000</u> Vehicle Speed at Failure(s) <u>0</u> | 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 | |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | |
| TOP BRAKE PINS CAME COMPLETELY OUT OF THE BRAKE CALIPER. METAL PART OF BRAKES WERE BENT UP. NO INJURIES BECAUSE OF BRAKE FAILURE.*AK | | | |
| CONTINUE ON BACK IF NEEDED | | | |
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