



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 117

Date Received

10-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

885622

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	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN	CHEVROLET	CAVALIER	1999	
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 Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	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 1	Date(s) of Failure(s) 11-MAR-2001 74 Mileage at Failure(s) 65	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 checked="" type="checkbox"/> Yes <input 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING 60-65MPH AND HAD REAR ENDED A STALLED OUT VEHICLE. UPON IMPACT WITH OTHER VEHICLE, BOTH AIR BAGS CAME OUT, BUT FAILED TO INFLATE. NO INJURIES OCCURRED. *AK

COPIES OF THIS FORM ARE:

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 style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 117
U.S. Department of Transportation National Highway Traffic Safety Administration	Date Received <p style="text-align: center; font-weight: bold;">10-APR-2001</p>
OWNER INFORMATION (Type or Print)	Od. or ri. dt od. rt up. ltr Reference No. <p style="text-align: center; font-weight: bold;">885622</p>
[REDACTED] 685833 FT WORTH TX 76134	Work Number [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 address to the vehicle manufacturer, Signature of Owner: [Signature] Date: 4/18/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> FILL IN <u>1G1JF5240X7306125</u>	Vehicle Make CHEVROLET	Vehicle Model CAVALIER	Vehicle Year 1999	Current Odometer Reading 74,000	
Purchase Date <u>6/29/99</u>	Dealer's Name <u>BRUCE LOWIE</u>		Engine Size (CID/CC/L) <u>4Cyl</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>FT. WORTH</u> State <u>TX</u> Zip Code <u>76134</u>		No Cylinders	<input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" 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	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) <u>11-MAR-2001</u> Mileage at Failure(s) <u>74</u> Vehicle Speed at Failure(s) <u>65</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input checked="" type="checkbox"/> Yes <input 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 <u>TOTALED</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE TRAVELING 60-65MPH AND HAD REAR ENDED A STALLED OUT VEHICLE. UPON IMPACT WITH OTHER VEHICLE, BOTH AIR BAGS CAME OUT, BUT FAILED TO INFLATE. NO INJURIES OCCURRED. *AK

CONTINUE ON BACK IF NEEDED

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