Form Approved: OMB No. 2127-0001

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 26-APR-2001	Od_or rt_dt od_rt np_ltr Reference No. 886896

OWNER INFORMATION (Type or Print)

[redacted]

Form Approved: O.M.B. No. 2127-0008

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
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 758

Date Received: 26-APR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 886896

OWNER INFORMATION (Type or Print)

[redacted] 688903

Work Number

Home Num [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] 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 5/10/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
ADD 1G1JC5440P7205771	CHEVROLET	CAVALIER	1993	111,000

Purchase Date: 2/15/93
[X] New [ ] Used

Dealer's Name: Mucci Chevrolet
City: Needham State: MA Zip Code:

Engine Size (CID/CC/L):
No Cylinders: 4

[ ] Turbo [ ] Diesel [X] Gas [ ] Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
[ ] Manual [X] Automatic	[X] Yes [ ] No	[ ] 3-Point Belt [ ] Motorbelt [X] Driverside Airbag [ ] 2-Point Belt [ ] Passengerside Airbag	[ ] Yes [X] No	[X] Front [ ] Rear [ ] 4-Wheel	[X] Car [ ] Sport Utl [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other	[ ] 2-Door [X] 4-Door [ ] Stationwagon [ ] Pick Up Truck [ ] Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111200	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	[ ] Left [ ] Right [ ] Front [ ] Rear	[X] Original [ ] Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
1	21-APR-2001 / 111000 / 40	[ ] Yes [ ] No	[ ] 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
[X] Yes [ ] No	[ ] Yes [X] No	1	0	$ 2800	[X] Yes [ ] No

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

VEHICLE WAS HIT HEAD-ON BY MOTORCYCLE WHILE DRIVING ABOUT 35-40 MPH. UPON IMPACT, DRIVER'S AIRBAG DID NOT DEPLOY, AND CONSUMER WAS BADLY INJURED. *AK

CONTINUE ON BACK IF NEEDED