Form Approved: O.M.B. No. 2127-0002

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 920

Date Received: 04-JUN-2001

od_or ______
rt_dt ______
od_rt ______
up_ltr ______

Reference No.: 889628

[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 ______________________ Date___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1G1JF12T0V7258252	CHEVROLET	CAVALIER	1997	

Purchase Dat ______ ☒ New ☐ Used

Dealer's Name ______________________
City ____________ State ______ Zip Code ________

Engine Size (CID/CC/L) _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other______	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) / Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	01-JUN-1999 / 14000	☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE THE VEHICLE STOPPED AT A TRAFFIC SIGNAL/LIGHT WITH CONSUMER'S FOOT ON BRAKE PEDAL, ENGINE WILL RUN AT HIGHER THAN NORMAL RPMS AND ACCELERATE SUDDENLY. CONSUMER TOOK VEHICLE TO A DEALERSHIP THAT COULD NOT REPRODUCE THE PROBLEM OR FIND ANY CODE ON COMPUTER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUE ON BACK IF NEEDED

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 920
Date Received RECEIVED
01 JUN 25 AM 10:58
04-JUN-2001
OFFICE DEFECTS INVESTIGATION

Od_or
Ld
od_rt
up_ltr

Reference No. 889628

OWNER INFORMATION (Type or Print)

[redacted] 695396

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/15/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1JF12T0V7258252	CHEVROLET	CAVALIER	1997	

Purchase Date: ☒ New ☐ Used

Dealer's Name Fairchild Chevrolet
City Lakewood State OH Zip Code 44107

Engine Size (CID/CC/L) Twin 2.4L Cam
No Cylinders ______
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type: ☐ Manual ☒ Automatic

Antilock Brakes: ☒ Yes ☐ No

Restraint System: ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☒ 2-Point Belt ? ☒ Passengerside Airbag (looks like this)

Cruise Control: ☒ Yes ☐ No

Drive Train: ☒ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☒ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Ult ☐ Truck ☐ Motorcycle

Body Style: ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other ______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures: More than once

Date(s) of Failure(s) 01-JUN-1999
Mileage at Failure(s) 14000
Vehicle Speed at Failure(s) When Stopped/At idle

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE THE VEHICLE STOPPED AT A TRAFFIC SIGNAL/LIGHT WITH CONSUMER'S FOOT ON BRAKE PEDAL, ENGINE WILL RUN AT HIGHER THAN NORMAL RPMS AND ACCELERATE SUDDENLY. CONSUMER TOOK VEHICLE TO A DEALERSHIP THAT COULD NOT REPRODUCE THE PROBLEM OR FIND ANY CODE ON COMPUTER. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. *AK

CONTINUE ON BACK IF NEEDED

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.*	MANUFACTURER/TIRE NAME	SIZE
D O T	Goodyear Eagle RS-A	P205/55R16

* 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) Cannot find the tire #

☆ U.S. G.P.O.: 1992 – [illegible] / [illegible]

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY 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