



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 284

Date Received

21-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

890855

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) (Location at bottom of windshield and driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G1FP22K9T2142939		CHEVROLET	CAMARO	1996	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 18-MAY-2001 65 Mileage at Failure(s) 45	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING CONSUMER WAS INVOLVED IN A FRONTAL CRASH AT 45 MPH. UPON IMPACT, FRONT DRIVER'S SIDE SEAT BELT RESTRAINT COMPLETELY SEPARATED FROM TRACK. DRIVER SUFFERED MINOR INJURIES. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

COPIES OF REPORTS - FREE -

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.

U.S. Department
of TransportationNational 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 284

Date Received

01 JUL 18 AM 9:19

21-JUN-2001

OFFICE

DEFECTS INVESTIGATION

Od_or

ri_dt

od_r1

up_ltr

Reference No.

890855

Work Number

Home Number

OWNER INFORMATION (Type or Print)

698226

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of a signature, provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 07/22/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of
dashboard on driver's side)

2G1FP22K9T2142939

Vehicle Make

CHEVROLET

Vehicle Model

CAMARO

Vehicle Year

1996

Current Odometer Reading

46,969

Purchase Date

4-00

Dealer's Name Jack Buford

Engine Size

(CID/GC/L) 3.8L

☐ Turbo☐ Diesel☐ Gas☒ Fuel Injection

No Cylinders

6

☐ New ☒ Used

City Richmond State Ky Zip Code

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☒ Yes☒ No

Restraint System

☐ 3-Point Belt☒ Motorbelt☒ Driverside Airbag☒ Passengerside Airbag

Cruise Control

☒ Yes☒ No

Drive Train

☐ Front☒ Rear☒ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Ut☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

12130000

Part Name(s)

INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS

Location

☒ Left☒ Front☒ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 18-MAY-2001

Mileage at Failure(s) 46,969

Vehicle Speed at Failure(s) 45

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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

2

Number of Fatalities

Estimated Property Damage

total car 1055

Reported to Police

☐ Yes ☒ No

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

WHILE DRIVING CONSUMER WAS INVOLVED IN A FRONTAL CRASH AT 45 MPH. UPON IMPACT, FRONT DRIVER'S SIDE SEAT BELT RESTRAINT COMPLETELY SEPARATED FROM TRACK. DRIVER SUFFERED MINOR INJURIES. PLEASE PROVIDE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

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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.*

DOT A3X02V63000

MANUFACTURER/TIRE NAME

American General

SIZE

BACK
P225/R16

* 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)

My car was completely totaled. None of the safety features worked. Would like to know if at any time GM had any recalls or Tech Service Bulletins that concern this problem on same make model and year as mine. Can I get GM to replace my car? Dealership did not tell me the truth about this car at purchase time.

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

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

U.S. G.P.O. 1982-625-897 (R008)

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UNITED STATES

