



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 1039

Date Received

02-JUL-2001

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

Reference No.

891807

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 driver's side)</small>	Vehicle Make CHEVROLET	Vehicle Model CAVALIER	Vehicle Year 1996	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 12310000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	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	Date(s) of Failure(s) 22-OCT-1997 Mileage at Failure(s)	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 1	Number of Fatalities	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)

WHEN DRIVING RAILS BROKE ON FRONT DRIVER'S SEAT DURING A CRASH ALSO, WHEN THE RAILS BROKE SEAT WAS LOOSE, AND SEAT BELT DID NOT WORK PROPERLY. CRASH WAS LEFT FRONTAL IMPACT. CONTACTED DEALER. PLEASE ADD VIN #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.



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 1039

Date Received: **AUG 30 10 10 AM '01**
02-JUL-2001
OFFICE
DEFECTS INVESTIGATION

Od_or _____
rt_dt _____
rod_rt _____
up_ltr _____

Reference No.
891807

OWNER INFORMATION (Type or Print)

[Redacted] **461232**

Home

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of a signature, your name and address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located a portion of windshield on driver's side): **1G1JF52T6V7157708**
Vehicle Make: **CHEVROLET**
Vehicle Model: **CAVALIER**
Vehicle Year: **1996**
Current Odometer Reading: _____

Purchase Date: _____ Dealer's Name: **Gordon Chevrolet** Engine Size (CID/CC/L): _____
 New Used City: **Tampa** State: **FL** Zip Code: _____ 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
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Sport Jlt Truck
 Van Motorcycle
 Minivan Other _____
Body Style: 2-Door 4-Door
 Stationwagon Pick Up Truck
 Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **1231000** Part Name(s): **INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS**
Location: Left Right Front Rear
Failed Part(s): Original Replacement

No of Failures: _____ Date(s) of Failure(s): **22-OCT-1997**
Mileage at Failure(s): _____ Vehicle Speed at Failure(s): _____
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: **1** Number of Fatalities: **0**
Estimated Property Damage: **12,000.00** Reported to Police: Yes No

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

WHEN DRIVING RAILS BROKE ON FRONT DRIVER'S SEAT DURING A CRASH ALSO, WHEN THE RAILS BROKE SEAT WAS LOOSE, AND SEAT BELT DID NOT WORK PROPERLY. CRASH WAS LEFT FRONTAL IMPACT. CONTACTED DEALER. PLEASE ADD VIN #*AK

CONTINUE ON BACK IF NEEDED

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