



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

20-SEP-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

896612

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G1JF12T2T7237058                                                                                | CHEVROLET    | CAMARO        | 1996         |                          |

|                                                                       |                                       |                                 |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____              |                                                                                                                                              |

|                                                                       |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                     |                                                                                                                                                                                                                                                 |                                                                                                                                                                                               |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type                                                     | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                         | Vehicle Type                                                                                                                                                                                                                                    | Body Style                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                                               |                                                                      |                                                                                                                                          |                                                                                             |
|-----------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>05100000<br>06136000<br>05130000 | Part Name(s)<br>ENGINE<br>FUEL:FUEL PUMP<br>ENGINE:PULLEY:CRANKSHAFT | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>3                            | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____           | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

WHILE DRIVING AT VARIOUS SPEEDS VEHICLE WOULD DIE OUT FOR NO REASON. PROBLEM WAS INTERMITTENT. HAD TAKEN VEHICLE TO DEALERSHIP AT LEAST 3 TIMES. MECHANIC PLACED ON DIAGNOSTIC AND COMPUTER FAILED TO REGISTER ANY PROBLEM CODES. MECHANIC DID REPLACE FUEL PUMP AND CRANKSHAFT, BUT PROBLEM WAS NOT SOLVED.\*AK

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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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   | <b>FOR AGENCY USE ONLY 117</b><br>Date Received <u>10/23/01</u><br>Defect Investigation <u>YES</u><br>Reference No. <u>896612</u><br>Work Number _____<br>Home Number _____                  |                                                                                                                                                                                                            |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 286                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date <u>10/23/01</u>                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| Vehicle Ident. No. (VIN) <u>1G1JF12T2J7237058</u><br><small>(located at bottom of windshield on driver's side)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   | Vehicle Make <u>CHEVROLET</u>                                                                                                                                                                | Vehicle Model <u>CAVALIER</u><br><u>GAMARO</u>                                                                                                                                                             |
| Vehicle Year <u>1996</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                   | Current Odometer Reading _____                                                                                                                                                               |                                                                                                                                                                                                            |
| Purchase Date _____<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dealer's Name <u>Fonderosa Motors</u><br>City <u>San Diego</u> State <u>Cal</u> Zip Code _____                                                                                                                                    |                                                                                                                                                                                              | Engine Size <u>QID/CC/L</u><br>No. Cylinders <u>4</u><br><input type="checkbox"/> Turbo Diesel Gas Fuel Injection                                                                                          |
| Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic<br>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag |                                                                                                                                                                                              | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>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"/> Sport Utility Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   | Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |                                                                                                                                                                                                            |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| Component<br><u>06100000</u><br><u>06136000</u><br><u>05130000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Part Name(s)<br><u>ENGINE</u><br><u>FUEL: FUEL PUMP</u><br><u>ENGINE: PULLEY: CRANKSHAFT</u>                                                                                                                                      | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                     | Failed Part(s)<br><input type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                   |
| No. of Failures<br><u>3</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>83000</u><br>Vehicle Speed at Failure(s) _____                                                                                                                            |                                                                                                                                                                                              | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                 |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                       | Number of Persons Injured _____                                                                                                                                                              | Number of Fatalities _____                                                                                                                                                                                 |
| Estimated Property Damage _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                    |                                                                                                                                                                                                            |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| WHILE DRIVING AT VARIOUS SPEEDS VEHICLE WOULD DIE OUT FOR NO REASON. PROBLEM WAS INTERMITTENT. HAD TAKEN VEHICLE TO DEALERSHIP AT LEAST 3 TIMES. MECHANIC PLACED ON DIAGNOSTIC AND COMPUTER FAILED TO REGISTER ANY PROBLEM CODES. MECHANIC DID REPLACE FUEL PUMP AND CRANKSHAFT, BUT PROBLEM WAS NOT SOLVED. AK<br>(over)                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |
| 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. |                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                                                                                            |

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.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* 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)

Replaced CRANKshaft Position Sensor -

- ① ON 10/7/01 - Car: hard to start, when started, "Theft" light stayed on - car died after running a few minutes -
- ② See enclosure of reported incidents of similar nature -
- 3) Available "service request" documents are attached
- 4) A copy of page 2-9 from the owners manual documenting the functioning of the "PassLock" anti-theft system, is attached -
- 5) A file has been created at GM/Chevrolet, dealing with the reported incidents - that file # is 05502496
- 6) The service manager at Taylor-Parker Motors can provide any additional info - see attached documents -

★ U.S. G.P.O.: 1992 - 623-957 / 80086

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

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

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Penalty for Private Use \$300

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PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT, 5 U.S.C. 552(b)(5)**

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