



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 798

Date Received

16-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899198

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>(Leave blank for "undetectable" or "undetectable")</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	CHEVROLET	CAVALIER	1992			
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 checked="" 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 06212000	Part Name(s) FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE	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	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	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)

INTAKE MANIFOLD IS DEFECTIVE, AND VEHICLE WILL STALL AT ANY SPEED. VEHICLE WILL START BACK UP ONCE IT SHUTS OFF. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING. *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 798

Date Received: 10-NOV-2001
Od_or: _____
rt_dt: _____
od_rt: _____
up_itr: _____

27 10-27
10-NOV-2001
INVESTIGATION

Reference No.
899198

OWNER INFORMATION (Type or Print)

[Redacted] 726668

Work Number _____

Home Number _____

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): 1G1JC5447M7143699
Vehicle Mak: CHEVROLET
Vehicle Model: CAVALIER
Vehicle Year: 1992
Current Odometer Reading: 1350463

Purchase Date: 9-20-01
Dealer's Name: Jack Rent a Center (Tom)
City: _____ State: _____ Zip Code: _____
Engine Size (CID/CC/L): _____ No Cylinders: _____
 Turbo Diesel Gas Fuel Injectio

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 06212000
Part Name(s): FUEL CARBURATOR UNKNOWN TYPE MANIFOLD INTAKE
ABS brakes
Location: Left Right Front Rear
Failed Part(s): Original Replacemen

No of Failures: _____
Date(s) of Failure(s): 20-OCT-2001
Mileage at Failure(s): 50
Vehicle Speed at Failure(s): _____
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: _____
Number of Fatalities: _____
Estimated Property Damage: \$ _____
Reported to Police: Yes No

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

INTAKE MANIFOLD IS DEFECTIVE, AND VEHICLE WILL STALL AT ANY SPEED. VEHICLE WILL START BACK UP ONCE IT SHUTS OFF. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING. *AK

Tom a Rent a Center did try help a little but now car is worsed then Cox Dealer ship work and installed copy of work order enclosed - Cox Dealership Repair 2900 Rd West B. Ton, FL 32606 (941)

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 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.

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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