



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO ARFA (202) 368-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received 3-23-00	Order # _____
Reference No. _____	Rating _____
	Order # _____
	Up for _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1G1FP23T9LL117787	VEHICLE MAKE Chevy	VEHICLE MODEL Camaro	MANUFACTURE DATE 10/19/89	MODEL YEAR 1990		
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daimler/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE March 1990	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME Del Chevrolet	CITY Poole	STATE PA	ZIP CODE 19	
ENGINE SIZE (CID/CO/D) 3.1	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2 Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3 Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear	VEHICLE TYPE <input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input checked="" type="radio"/> Hardback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input checked="" type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>1</td><td>0</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	1	0	2	3	4	5	6	7	8	9	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	0	1	2	3	4	5	6	7	8	9													
	1	0	2	3	4	5	6	7	8	9													
	INCIDENT DATE Jan 2000	TIRE NAME	COMPLETE TIRE SIZE																				
MILEAGE AT INCIDENT 106,000	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kety Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____																						
VEHICLE SPEED AT INCIDENT 0	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement																						
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input type="radio"/> No																					

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), and Injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Discarded/Fg Off <input type="radio"/> Locks/Stops/Grabs <input type="radio"/> Bratio/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Skids <input type="radio"/> Sudden Acceleration
	0	1	2	3	4	5	6	7	8	9														
0	1	2	3	4	5	6	7	8	9															
FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9			
0	1	2	3	4	5	6	7	8	9															
0	1	2	3	4	5	6	7	8	9															

PLEASE DO NOT WRITE IN THIS AREA



00247

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

During an inspection (07 Jan 2008) the mechanic noticed a leak coming from the Fuel Tank where the Fill pipe meets the tank. He researched the problem and found that Chevy had a recall for the same problems for 1991 and 1992 model Corvairs but not 1990s. I have had bad gas mileage for a couple of years now but I thought it was the Fuel Injectors. These were replaced in 1999 and it still didn't correct the problem. The crack in the joint lets fumes escape.

Continue on additional page if necessary.

Describe any additional incidents, (include date and mileage)

The Privacy Act of 1974 - Public Law 93-5029 This information is required 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 safety-related enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Make Reference by NHTSA Form 350-105-4321 HFR08 Printed in U.S.A.
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HS Form 350 (Rev. 8/98)

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 MAIL 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
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use

20590+0001

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)



DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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www.nhtsa.dot.gov/hotline