



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
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	Order
10-10-01	
Reference No.	File No.
	IP-TR

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE + 4

AREA CODE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
2G1FP2255S2171661		CHEV	CAMARO	95	
VEHICLE MANUFACTURER					
<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other <input type="checkbox"/> Daihatsu/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE	<input type="checkbox"/> New User <input checked="" type="checkbox"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
		USED CAR LOT	Sulphur, LA	LA	
ENGINE SIZE CID/CC/LX	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
3.4	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Moorbelt <input checked="" type="checkbox"/> 3-Point Belt
NO. CYLINDERS					CRUISE CONTROL
6					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DRIVETRAIN	VEHICLE TYPE		DOORS	BODY STYLE	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	<input checked="" type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost Ventilation <input type="checkbox"/> Injector <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input checked="" type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Vis. Systems <input type="checkbox"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	4/99	MILEAGE AT INCIDENT	TIRE BRAND	
	105,000	VEHICLE SPEED AT INCIDENT	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michel <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

APPLICABLE 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	NUMBER OF PERSONS INJURED <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	CAUSE OF INCIDENT <input type="checkbox"/> Wind/Corroded/Pest <input type="checkbox"/> Weak/Poor Fit, cause <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input checked="" type="checkbox"/> Emission/Power Performance <input type="checkbox"/> Excessive Effort	<input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input checked="" type="checkbox"/> Locks/Slack/Grills <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Brake(s)	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			

PLEASE DO NOT WRITE IN THIS AREA



04949

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

I AM WRITING THIS ON BEHALF OF MY DAUGHTER (I HAVE 2 DAUGHTERS - BUT BOTH OWN 95 CAMAROS.

THE ABS (ANTILOCK BRAKE SYSTEM)

WHEN BRAKES ARE

APPLIED WHILE DRIVING, WHEELS LOCK UP, PULSATE + SOME TIMES GOES TO THE FLOOR. VERY CLOSE TO CAUSING AN ACCIDENT

I UNPLUGGED THE 6 WIRE PLUG TO ABS.

RWD THE BRAKES WORK NORMAL. DEALER

SAYS THE ABS CONTROL UNIT IS APPROX \$1,300.

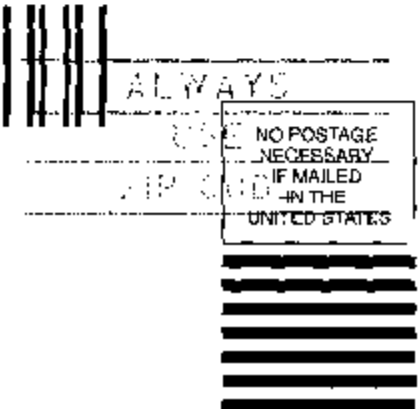
I'LL HAVE TO LEAVE IT UNPLUGGED, AS I CAN'T AFFORD

1) 300. MY OTHER DAUGHTERS CANNOT DOES THE IDENTICAL THING

2) 95 CAMAROS BOTH WITH ABS PROBLEMS. I'VE CHECKED THEM TO HAVE THEM MADE

The Privacy Act of 1974 (Public Law 93-502) This information is requested pursuant to section 104 of the National Highway Traffic Safety Act and subsequent amendments. You are entitled to request and receive this information. Your request 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 an administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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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

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

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



VEHICLE OWNER'S QUESTIONNAIRE (VQQ)

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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Form 350 (Rev. 8/89)