



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: 10-10-01      Off- or: \_\_\_\_\_  
 Reference No.: \_\_\_\_\_      Off- or: \_\_\_\_\_  
 \_\_\_\_\_      Off- or: \_\_\_\_\_  
 \_\_\_\_\_      Off- or: \_\_\_\_\_

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

| VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) | VEHICLE MAKE | VEHICLE MODEL | MANUFACTURE DATE | MODEL YEAR  |
|---|--------------|---------------|------------------|-------------|
| <u>2G1HP22S4S2173076</u>  | <u>CHEV</u>  | <u>CAMARO</u> | <u>02 95</u>     | <u>1995</u> |

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"/> Daimler/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 | DEALER'S NAME       | CITY                | STATE     | ZIP CODE     |
|---------------|---------------------|---------------------|-----------|--------------|
| <u>1999</u>   | <u>NAVARRE CHEV</u> | <u>LAKE CHARLES</u> | <u>LA</u> | <u>70603</u> |

| ENGINE SIZE (CID/CC/L) | FUEL SYSTEM  | FUEL TYPE  | TRANSMISSION TYPE  | ANTILOCK BRAKES  | RESTRAINT SYSTEM   | CRUISE CONTROL   |
|------------------------|--|--|--|--|--|--|
| <u>3.4</u>             | <input checked="" type="checkbox"/> Turbo<br><input type="checkbox"/> Fuel Injection | <input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas | <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Microcort | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |

| DRIVETRAIN   | VEHICLE TYPE   | DOORS   | BODY STYLE   |
|--|--|---|--|
| <input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear | <input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> 2 Door<br><input type="checkbox"/> 4 Door | <input checked="" type="checkbox"/> Hatchback<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Sedan<br><input type="checkbox"/> Stationwagon |

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

| COMPONENT   | NO. OF FAILURES   | INCIDENT DATE                | MILEAGE AT INCIDENT | VEHICLE SPEED AT INCIDENT | FAILED PART(S)   | TIRE NAME | COMPLETE TIRE SIZE | TIRE BRAND   |
|---|---|------------------------------|---------------------|---------------------------|--|-----------|--------------------|--|
| <input type="checkbox"/> Child Seat<br><input type="checkbox"/> Electrical Lights & Alarms<br><input type="checkbox"/> Engine & Cooling System<br><input type="checkbox"/> Equipment<br><input type="checkbox"/> Fuel System, Exhaust<br><input type="checkbox"/> Heater, Defrost, Ventilation<br><input type="checkbox"/> Interior<br><input type="checkbox"/> Parking Brake<br><input type="checkbox"/> Power Train<br><input checked="" type="checkbox"/> Service Brakes<br><input type="checkbox"/> Steering<br><input type="checkbox"/> Structure<br><input type="checkbox"/> Suspension<br><input type="checkbox"/> Visual Systems<br><input type="checkbox"/> Other <u>ABS</u> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 10<br><input type="checkbox"/> 11<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17<br><input type="checkbox"/> 18<br><input type="checkbox"/> 19<br><input type="checkbox"/> 20 | <u>CONTINUOUS SINCE 9/01</u> | <u>61,300</u>       | <u>ANY TIME YOU BRAKE</u> | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |           |                    | <input type="checkbox"/> BF Goodrich<br><input type="checkbox"/> Cooper<br><input type="checkbox"/> Firestone<br><input type="checkbox"/> Goodyear<br><input type="checkbox"/> Kelly Springfield<br><input type="checkbox"/> Michelin<br><input type="checkbox"/> Yokohama<br><input type="checkbox"/> Other |

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

| HANDICAPPED ADAPTIVE  | FAILED PART(S) AVAILABLE?   | NHTSA PREVIOUSLY CONTACTED?   |
|---|---|---|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ? | <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  | NUMBER OF PERSONS INJURED   | CAUSE OF INCIDENT  | RESULT OF INCIDENT   |  |
|---|--|---|--|--|--|
|   | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8<br><input type="checkbox"/> 9<br><input type="checkbox"/> 10<br><input type="checkbox"/> 11<br><input type="checkbox"/> 12<br><input type="checkbox"/> 13<br><input type="checkbox"/> 14<br><input type="checkbox"/> 15<br><input type="checkbox"/> 16<br><input type="checkbox"/> 17<br><input type="checkbox"/> 18<br><input type="checkbox"/> 19<br><input type="checkbox"/> 20 |  |  |  |
|   | FIRE   | NUMBER OF FATALITIES  | <input type="checkbox"/> Wear/Conrod-val/Rust<br><input type="checkbox"/> Weak/Poor Fit/Loose<br><input type="checkbox"/> Car/Len<br><input type="checkbox"/> Disconnect/Fall Off<br><input checked="" type="checkbox"/> Brake/Poor Performance<br><input type="checkbox"/> Excessive Effort | <input type="checkbox"/> Noisy<br><input type="checkbox"/> Leaks<br><input type="checkbox"/> Stuck<br><input checked="" type="checkbox"/> Locks/Sticks/Creeps<br><input type="checkbox"/> Stability/Vibration<br><input type="checkbox"/> Broken | <input type="checkbox"/> Explosion/Fire<br><input checked="" type="checkbox"/> Loss of Control<br><input type="checkbox"/> Poor Visibility<br><input type="checkbox"/> Inadvertent Start<br><input type="checkbox"/> Rollover<br><input type="checkbox"/> Stalls<br><input type="checkbox"/> Sudden Acceleration |

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

I AM WRITING THIS FOR MY DAUGHTER, AS I KEEP UP BOTH OF THESE CARS (2 DAUGHTERS 2 '96 CAMAROS) WORKING THE A.B.S.

WHEN BRAKES ARE APPLIED WHILE DRIVING WHEELS (NOT ALL SOMETIMES) LOCK UP, PLEASE + SOME TIMES GOES TO FLOOR WHEN A.B.S. CONTROL UNIT & PLUG WIRE IS DISCONNECTED (EVEN THOUGH A.B.S. LIGHT ON DASH STAYS ON) THE BRAKES WORK NORMAL. DEALER SAY CONTROL UNIT IS # 13080

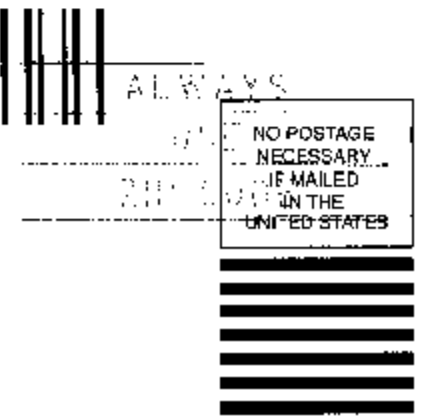
I CAN'T BELIEVE WITH 2 '95' CAMAROS IN FAMILY + BOTH WITH A.B.S. PROBLEMS THAT CHEV FACTORY DIDN'T HAVE A MAJOR PROBLEM WITH THIS SYS.

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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

10004000001

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



**VEHICLE OWNER'S QUESTIONNAIRE (V00)**

**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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