



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

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

SEP 29 2004

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Gay P. Kent, Director  
Product Investigations, Structure and Safety Integration  
General Motors Corporation  
Mail Code: 480-111-E18  
Engineering Building  
30200 Mound Road  
Warren, MI 48090-9010

NVS-212am  
EA04-028

Dear Ms. Kent:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened an Engineering Analysis (EA04-028) to investigate allegations of turn signal/brake lamp failure in model year (MY) 2003 Chevrolet Cavalier and Pontiac Sunfire vehicles manufactured by General Motors Corporation (GM). As part of this investigation, this letter requests certain information from GM.

This office is aware of 14 additional reports to NHTSA not previously provided to GM concerning turn signal/brake lamp failure in the above-mentioned vehicles. A copy of each report is enclosed with this letter.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject Vehicles:** all MY 2003 Chevrolet Cavalier and Pontiac Sunfire vehicles manufactured for sale or lease in the United States.
- **Subject Component(s):** turn signal/brake lamp sockets installed on the subject vehicles.
- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after 1999, were involved in any way with any of the following related to the alleged defect in

subject vehicles:



DOT AUTO SAFETY HOTLINE  
888-DASH-2-DOT  
888-327-4238

- a. Design, engineering, analysis, modification or production (e.g. quality control);
  - b. Testing, assessment or evaluation;
  - c. Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
  - d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- **Alleged defect:** the failure, malfunction, or otherwise unsatisfactory performance of the turn signal/brake lamp sockets, which causes the turn signal/brake lamp not to illuminate when the turn signal is used or when the brake pedal is depressed.
  - **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document, which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by the

manufacturer or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered.

1. State, by model and model year, the number of subject vehicles GM has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date, state the following:
  - a. Vehicle identification number (VIN);
  - b. Make;
  - c. Model;
  - d. Model Year;
  - e. Date of manufacture;
  - f. Date warranty coverage commenced; and
  - g. The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA."

2. State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
  - a. Consumer complaints, including those from fleet operators;
  - b. Field reports, including dealer field reports;

- c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
- d. Property damage claims;
- e. Third-party arbitration proceedings where GM is or was a party to the arbitration; and,
- f. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

For subparts "a" through "c," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "f," provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "d" through "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

3. For each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
  - a. GM's file number or other identifier used;
  - b. The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
  - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
  - d. Vehicle's VIN;
  - e. Vehicle's make, model and model year;
  - f. Vehicle's mileage at time of incident;
  - g. Incident date;
  - h. Report or claim date;
  - i. Whether a crash is alleged;
  - j. Whether property damage is alleged;
  - k. Number of alleged injuries, if any; and,
  - l. Number of alleged fatalities, if any.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER TWO DATA."

4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged

defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- a. GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN;
- d. Repair date;
- e. Vehicle mileage at time of repair;
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code;
- i. Replacement part number(s) and description(s);
- j. Concern stated by customer; and,
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide this information in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) related to the alleged defect that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM is planning to issue within the next 120 days.
8. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM. For each such action, provide the following information:

- a. Action title or identifier;
- b. The actual or planned start date;
- c. The actual or expected end date;
- d. Brief summary of the subject and objective of the action;
- e. Engineering group(s)/supplier(s) responsible for designing and for conducting the action; and,
- f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

9. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject components, from the start of production to date, which relate, or may relate, to the alleged defect in the subject vehicles. For each such modification or change, provide the following information:
  - a. The date or approximate date on which the modification or change was incorporated into vehicle production;
  - b. A detailed description of the modification or change;
  - c. The reason(s) for the modification or change;
  - d. The part numbers (service and engineering) of the original component;
  - e. The part number (service and engineering) of the modified component;
  - f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
  - g. When the modified component was made available as a service component; and,
  - h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

10. State the number of each of the following that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale including the cut-off date for sales, if applicable:
  - a. Subject components; and,
  - b. Any kits that have been released, or developed, by GM for use in service repairs to the subject component/assembly.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number). Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

11. Provide GM's assessment of the alleged defect in the subject vehicle, including:

- a. The causal or contributory factor(s);
- b. The failure mechanism(s);
- c. The failure mode(s);
- d. The risk to motor vehicle safety that it poses;
- e. What warnings, if any, the operator and the other persons both inside and outside the vehicle would have that the alleged defect was occurring or subject component was malfunctioning; and,
- f. The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 19, 2004. Please refer to EA04-028 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from Mr. Thomas Z. Cooper at (202) 366-5218 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4),

or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Mr. Ali Motamedamin of my staff at (202) 366-7021.

Sincerely,



Kathleen C. DeMater, Director  
Office of Defects Investigation  
Enforcement

Enclosure:  
VOQ Reports  
10040953  
10058987  
10059837  
10062651  
10071186  
10074227  
10074883  
10075016  
10078639  
10078665  
10079288  
10079878  
10081829  
10086238





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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**To Report Vehicle Safety Defects**  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received: 23-JUN-2004  
Repository:   
Reference No.: 10078665

**OWNER INFORMATION (Type or Print)**

Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

City: RANDALLSTOWN State: MD Zip: 21134 Event Telephone Number: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: \_\_\_\_\_ Date: 6/1/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1JC12F		Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased 10-DEC-03	Dealer's Name and Telephone Number FOXES CHEVROLET 410 277 3169		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code 21207	
Transmission Type AUTOMATIC	<input type="checkbox"/> AntiLock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS Multiple Failure: 10	

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

Incident Date(s) 10-JUN-2004	Failure Mileage	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

*(Please describe in detail the incident(s), failure(s), cause(s), and injury(ies).)*

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

THIS LETTER WAS SENT TO THE CHEVROLET CORPORATION BUT I STILL HAVE NOT HAD SUFFICIENT HELP IN CORRECTING THE PROBLEM. I SEEM TO GET MORE EXCUSES AND PROPER PROCEDURES QUOTES; OPPOSED TO ADEQUATE HELP ON THIS DANGEROUS PROBLEM WITH MY BRAKE AND SIGNAL LIGHTS. THIS HAS BEEN ON GOING SINCE THE DATE OF PURCHASE. \*AK  
VEHICLE : 2003 CAVALIER

MILEAGE : 24000

DEALER : FOXES SECURITY

**COMMENTS**

: I HAVE BEEN TRYING TO FIND A RESOLUTION TO THE ONGOING PROBLEM WITH MY VEHICLE S TURN AND BREAK LIGHTS. I PURCHASED MY CAR BRAND NEW WITH ZERO MILEAGE. I HAVE BEEN BACK AND FOURTH TO THE DEALERSHIP TO HAVE MY LIGHTS REPAIRED FAITHFULLY EVER

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. **ATTACH ADDITIONAL SHEETS IF NECESSARY.**

The Privacy Act of 1974 - Public Law 93-502 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**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

06-JUN-2004

Repository Reference No.  
10074883**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City HAWK RUN

State PA

Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 6/1/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1JCF		Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number FRED DIEHL MOTORS 8143423223		Engine: No. Cylinders	Fuel Type:
Original Owner <input checked="" type="checkbox"/>	Dealer's City PHILIPSBURG	State PA	Zip Code 16866	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 120000 EXTERIOR LIGHTING	
			Multiple Failure: 4	

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

Incident Date(s) 28-MAY-2004	Failure Mileage	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTN1A5ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police Y
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Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;  
i.e., parts repaired or replaced (and if old part is available).

I PURCHASED A 2003 CHEVROLET CAVALIER FROM FRED DIEHL MOTORS OF PHILIPSBURG, PA (814-342-3223). I AM HAVING PROBLEMS WITH THE REAR BRAKE LIGHTS AND NOW ALL REAR LIGHTING. FIRST THE CAR WAS SERVICED AT VALLEY TIRES WHO REPLACED THE BULB LAMPS.  
\*AK  
SECOND, FRED DIEHL REPLACED THE LEFT SIDE SOCKET AND TIGHTENED THE RIGHT BULB.  
THE THIRD TIME, I WAS STOPPED BY LOCAL POLICE FOR NO BRAKE LIGHTS. FRED DIEHL REPLACED BOTH THE SOCKETS AND BULBS BECAUSE OF A SHORT IN THE SYSTEM.  
I CALLED GENERAL MOTORS WITH A COMPLAINT (CUSTOMER RELATIONSHIP MANAGER ALVIN JOHNSON 1-866-942-4368 EXT. 47590). MR. JOHNSON SENT ME A LETTER APRIL 20 STATING THEY WOULD MAKE THE REPAIRS UP TO 75,000 MILES.  
ON MAY 28, 2004, I WAS INVOLVED IN AN ACCIDENT. THERE WERE NO INJURIES, BUT THE VEHICLE WAS DAMAGED. I SIGNALLED AND APPLIED MY BRAKES TO MAKE A LEFT TURN. A FLAT BED TRUCK BEHIND ME STARTED TO PASS ME AS I PROCEEDED TO TURN AND STRUCK THE DRIVER'S SIDE. THE MAN TOLD STATE POLICE THERE WERE NO LIGHTS, BUT HE WAS FINED ANYWAY FOR PASSING IN A NO PASSING ZONE.  
ON JUNE 1 AND 2 I CALLED GM AND MR. JOHNSON RETURNED MY CALL AND TOOK THE ACCIDENT REPORT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.

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**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

05-AUG-2004

Repository

Reference No.  
10086238

**OWNER INFORMATION (Type or Print)**

Daytime Telephone Number

E-mail Address

City

CHESTERFIELD

State

VA

Zip Code

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the manufacturer.  
Signature of Owner \_\_\_\_\_ Date: / /

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G1JF52F

Make

CHEVROLET

Model

CAVALIER

Model Year

2003

Date Purchased  
02-MAY-03

Dealer's Name and Telephone Number  
WHITLOW CHEVROLET 804-320-8000

Engine:  
No: Cylinders 4

Fuel Type:  
Gas

Original Owner

Dealer's City  
RICHMOND

State  
VA

Zip Code

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
FRONT WHEEL DRIVE

Vehicle Component Code  
125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 7

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

Incident Date(s)  
04-AUG-2004

Failure Mileage  
2443

Failure Speed

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

The Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM15ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

Yes  No

Fine

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure: i.e., parts repaired or replaced (and if old part is available).


I BOUGHT A NE 2003 CHEVROLET CAVALIER ON 5/2/03. IT HAS BEEN TO THE DEALER 9 TIMES FOR REPAIRS. 7 OF WHICH WERE FOR BRAKE, TURN, AND/OR DASH LIGHTS NOT WORKING. ORIGINALLY, FUSES WERE BEING BLOWN. IN 3/04, I WAS ADVISED THAT THERE WAS A BAD SOCKET PROBLEM. IN 7/04, THE EXCUSE BECAME THAT THEY HAVE A "SPECIAL" GREASE THAT THEY HAVE TO PUT ON THE BULBS AND THAT THIS WAS NORMAL. I HAD TO RETURN MY CAR MOST RECENTLY ON 8/4/04 BECAUSE I DID NOT HAVE REAR BRAKE LIGHTS OR TURN SIGNALS. I FILED A COMPLAINT WITH THE BETTER BUSINESS BUREAU. WE WENT TO ARBITRATION ON 6/8/04. CHEVY MOTOR DIV. ACKNOWLEDGED THAT THERE WAS A SAFETY DEFECT WITH MY CAR (BRAKE LIGHTS) PRIOR TO IT BEING RETURNED TO THE DEALER IN 3/04 AND FAXED A COPY OF THE BULLETIN THEY WROTE IN 4/04. HOWEVER, THEY ARGUED THAT THEY CORRECTED THE DEFECT W/ THE BULLETIN (VERBAL INSTRUCTIONS WERE GIVEN ON OR ABOUT 3/12/04 WHEN MY CAR WAS BEING REPAIRED TO THE SERVICE TECH AT THE DEALER RE: THE BULLETIN THAT WASN'T IN WRITTEN FORMAT UNTIL 4/24/04). MY ARBITRATION WAS DENIED BECAUSE MY BRAKE LIGHTS WERE WORKING AT THE TIME OF THE ARBITRATION SO THEY DETERMINED THAT THE DEFECT HAD BEEN CORRECTED. SINCE JUNE, I'VE RETURNED MY CAR TO THE DEALER 2 ADDITIONAL TIMES FOR BRAKE LIGHTS AND TURN SIGNALS NOT WORKING PROPERLY. SINCE I'VE PURCHASED MY CAR, I'VE HAD FUSES REPLACED, FUSE LINKS INSTALLED TO 5 CIRCUIT BRANCHES, DRIVERS SIDE WINDOW MOTOR REPLACED, HVAC CABLE AND SEAL R


Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 responses 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		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241	
		Date Received	Repository <input type="checkbox"/>	13-JUL-2004	Reference No. 10081829
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
No.		Adr.		Evening Telephone Number	
City	MARION	State	OH	Zip	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>  </u> / <u>  </u> / <u>  </u>					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GLJC5			Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased 23-AUG-03	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type: Gas
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> AntiLock Brakes	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 126000 EXTERIOR LIGHTING:TURN SIGNAL		
	<input checked="" type="checkbox"/> Cruise Control		Multiple Failure: 3		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 30-JUN-2004	Failure Mileage 7000	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make		Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM1BA8C036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure(s), parts repaired or replaced (and if old part is available).					
CONSUMER WAS CONCERNED WITH REPLACING THE TURN SIGNAL LIGHT BULBS ON THE LEFT SIDE 3 TIMES WITHIN 9 MONTHS. DEALER AND THE MANUFACTURER WERE NOT NOTIFIED. *AK					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>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.</small>					

 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 254	
		Date Received 23-JUN-2004	Repository <input type="checkbox"/>	Reference No. 10079878	
OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
City OWINGS MILLS	State MD	Evening Telephone Number			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____		Date _____			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GLJC52F7		Make CHEVROLET	Model CAVALIER	Model Year 2003	
Date Purchased 21-MAY-03	Dealer's Name and Telephone Number FOX CHEVROLET 800-222-1020		Engine: No. Cylinders	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City BALTIMORE	State MD	Zip Code 21207		
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain	Vehicle Component Code 110000 ELECTRICAL SYSTEM		
	<input type="checkbox"/> Cruise Control		Multiple Failures: 4		
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s) 30-NOV-2003	Failure Mileage	Failure Speed			
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
The Make		The Model (Name or Number)		The Size (Example P215/65R15)	
DOT No. (Example: DOTM15ABC036)		<input type="checkbox"/> Original Equipment	<input type="checkbox"/> Prior Repair	Failure Location:	
The Component Code			Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make:		Date Manufactured:		Model No./Name:	
Seat Type:		Installation System:			
Child Seat Component Code:		Failed Part:			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury (ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury (ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
PROBLEMS WITH VEHICLE'S TURN SIGNALS BEING BLOWN OUT. *MR THE VEHICLE'S TURN SIGNAL LIGHTS HAVE BLOWN ON SEVERAL OCCASIONS. ALTHOUGH THE DEALER CONTINUED TO REPAIR THEM, THEY CONTINUE TO BLOW. THE CONSUMER BELIEVES SHE WAS SOLD A LEMON. *NM					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>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.</small>					

 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
	Data Received 22-JUN-2004		Repository <input type="checkbox"/> Reference No. 10078639	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
City SAN DIEGO	State CA	Zip	Evening Telephone Number	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>6/1/04</u>				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased 22-MAR-03	Dealer's Name and Telephone Number		Engine: No: Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 126100 EXTERIOR LIGHTING:TURN SIGNAL:FLASHER UNIT	
			Multiple Failure: 2	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Incident Date(s) 30-MAR-2004	Failure Mileage 6000	Failure Speed		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TYRE FAILURE</b>				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM4LSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
THE LEFT AND RIGHT TURN SIGNALS/BRAKE LIGHTS IN CAR STOPPED WORKING. I TOOK THE CAR TO THE DEALERSHIP WHERE IT WAS REPAIRED. THEY TOLD ME THERE WAS A SHORT IN THE WIRING IN THE REAR OF THE CAR. THE RIGHT TURN SIGNAL/BRAKE LIGHT STOPPED WORKING AGAIN ABOUT 1 WEEK AFTER THE REPAIRS. *AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>				
<small>The Privacy Act of 1974 (Public Law 93-502) 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.</small>				



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100192

Date Received

15-JUN-2004

Repository Reference No.  
10079288

## OWNER INFORMATION (Type or Print)

No.

Addr

City

ERIE

State

PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the manufacturer.

Signature of Owner

Date / /

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G1JC12F..

Make

CHEVROLET

Model

CAVALIER

Model Year

2003

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

 Antilock Brakes Cruise Control

Powertrain

Vehicle Component Code

125000 EXTERIOR LIGHTING: BRAKE LIGHTS

Multiple Failure: 5

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

Incident Date(s)

28-AUG-2003

Failure Mileage

12125

Failure Speed

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

 Original Equipment  
 Prior Repair

Failure Location:

The Component Code

Tire Failure Type

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

OWNER SAYS THAT THE VEHICLE IS EXPERIENCING ELECTRICAL PROBLEMS. THE HEADLIGHTS, TAIL LIGHTS, AND THE DIRECTIONAL SIGNALS ARE MALFUNCTIONING. OWNER TOOK THE VEHICLE TO THE DEALER WHO HAS REPLACED THE BRAKE AND HEADLIGHT BULBS ON FIVE OCCASIONS. HOWEVER, THE PROBLEM STILL OCCURS. PROVIDE FURTHER DETAILS. \*LA

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100148

Date Received

08-JUN-2004

Repository Reference No.  
10075016

## OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number E-mail Address

Address

City

TALLAHASSEE

State

FL

Zip Code

Evening Telephone

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1G2JB12F6

Make

PONTIAC

Model

SUNFIRE

Model Year

2003

Date Purchased

03-APR-04

Dealer's Name and Telephone Number

CAPITAL LINCOLN MERCURY

Engine:

No: Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

TALLAHASSEE

State

FL

Zip Code

32303

Transmission Type

AUTOMATIC

 Anti-lock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

126000 EXTERIOR LIGHTING:TURN SIGNAL

Multiple Failure: 3

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

Incident Date(s)

12-MAY-2004

Failure Mileage

9000

Failure Speed

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A8ABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(es).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(es).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available).

REAR TAIL LIGHTS AND TURN SIGNALS-- BULBS BURNING OUT ON A WEEKLY BASIS, ONE BULB WAS MELTED IN THE SOCKET, BULBS HAVE BEEN REPLACED. I PLAN ON TAKING IT INTO THE DEALERSHIP NEXT WEEK.\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 231

Date Received  
25-MAY-2004

Repository   
Reference No.  
10074227

**OWNER INFORMATION (Type or Print)**

Daytime Telephone Number  
Evening Telephone Number  
E-mail Address

City BALTIMORE State MD Zip Code 21204

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 5/25/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side FILL IN		Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 123000 EXTERIOR LIGHTING:TAIL LIGHTS Multiple Failure: 4	

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

Incident Date(s)	Failure Mileage	Failure Speed	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e. parts repaired or replaced (and if old part is available).

THE TAIL LIGHT HAS BLOWN SEVERAL TIMES CAUSING THE TURN SIGNAL TO BLINK ERRATIC. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. \*NM

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received  
19-MAR-2004

Repository   
Reference No.  
10062651

**OWNER INFORMATION (Type or Print)**

Daytime Telephone Number | E-mail Address

City VALPARAISO State IN Zip Code

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your V  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS		
Multiple Failure: 1				

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

Incident Date(s) 31-JAN-2004	Failure Mileage	Failure Speed
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:
Tire Component Code	Tire Failure Type	

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)


Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police Y
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Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (i.e. parts repaired or replaced (and if old part is available)).

IM IS HAVING A HUGE PROBLEM WITH "J" BODY CARS WITH NEW BODY STYLE. (CAVALIER, SUNFIRE YEAR 2001-CURRENT) THE PROBLEM IS WITH POOR TERMINAL CONTACT WITH THE REAR BULBS DUE TO DEFECTIVE BULB SOCKETS. THE RESULT IS LOSS OF REAR TURN SIGNALS AND BRAKE LAMPS ON ONE OR OFTEN BOTH SIDES. THIS PROBLEM AFFECTS CARS OFTEN WITH LESS THEN 1000 MILES. IT IS A HUGE PROBLEM AND OUR SHOP MUST FIX 8 CARS A WEEK ON AVERAGE FOR THIS PROBLEM AND WE ARE NOT A LARGE GM SHOP. NOT HAVING REAR TURN SIGNALS OR BRAKE LAMPS IS SERIOUS FOR RISK OF REAR-END COLLISIONS.\*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

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	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET <a href="http://www.nhtsa.dot.gov/hotline">www.nhtsa.dot.gov/hotline</a>		FOR AGENCY USE ONLY 100184	
	Date Received 26-FEB-2004		Repository <input type="checkbox"/> Reference No. 10059837	
<b>OWNER INFORMATION (Type or Print)</b>			Daytime Telephone Number _____ E-mail Address _____	
Ad# _____			Evening Telephone Number _____	
City ACOSTA	State PA	Zip Code _____		
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date ____/____/____				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1JC12F0P		Make CHEVROLET	Model CAVALIER	Model Year 2003
Date Purchased _____	Dealer's Name and Telephone Number _____		Engine: No. Cylinders _____	Fuel Type: _____
Original Owner <input checked="" type="checkbox"/>	Dealer's City _____	State _____	Zip Code _____	
Transmission Type _____	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain _____	Vehicle Component Code 138120 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM:WINDSHIELD:H Multiple Failure: 6	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Incident Date(s) 19-NOV-2003	Failure Mileage 15	Failure Speed _____		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>				
Tire Make _____	Tire Model (Name or Number) _____		Tire Size (Example P215/65R15) _____	
DOT No. (Example: DOTM19ABC036) _____	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location: _____		
Tire Component Code _____			Tire Failure Type _____	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make: _____		Date Manufactured: _____		Model No./Name: _____
Seat Type: _____		Installation System: _____		
Child Seat Component Code: _____		Failed Part: _____		
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure (e.g., parts repaired or replaced (and if old part is available)).				
WHILE DRIVING AT ANY SPEED HEATER DID NOT WORK. VEHICLE WAS TAKEN TO THE DEALER, AND HEATER WAS REPLACED. ALSO, ON TWO DIFFERENT OCCASIONS DEALER REPLACED WIRING HARNESS AND CONNECTION WIRES. ON ANOTHER OCCASION ENTIRE BRAKE LIGHT ASSEMBLY WAS REPLACED ALONG WITH THE SOCKETS. IN ALL, VEHICLE HAD BEEN TO THE DEALER SIX TIMES IN SEVEN MONTHS.*AK				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
<small>The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to a 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.</small>				



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4238)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

25-FEB-2004

Repository Reference No.  
10058987

## OWNER INFORMATION (Type or Print)

Daytime Telephone Number

E-mail Address

A

City

SARATOGA SPRINGS

State

NY

Zip

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?

In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

10

Signature of Owner

Date

## VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GL1H52F63

Make

CHEVROLET

Model

CAVALIER

Model Year

2003

Date Purchased

23-AUG-03

Dealer's Name and Telephone Number

BILL HEARD 706-322-8888

Engine:

No. Cylinders 4

Fuel Type:

Gas

Original Owner

Dealer's City

COLUMBUS

State

GA

Zip Code

31908

Transmission Type

MANUAL

 Antilock Brakes Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

125000 EXTERIOR LIGHTING-BRAKE LIGHTS

Multiple Failure: 2

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

Incident Date(s)

22-FEB-2004

Failure Mileage

Failure Speed

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4LSABC036)

 Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash

 Yes  No

Fire

 Yes  No

Number of Persons Injured

0

Number of Deaths

0

Reported to Police

N

Narrative Description of Incident(s), Crash(es), and Injury(ies).


Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).


2003 CHEVROLET CAVALIER PURCHASED NEW AUGUST 23, 2003 BILL HEARD CHEVROLET, COLUMBUS GA. BRAKE LIGHT HAVE BURNED OUT TWICE SINCE THAT DATE. ONCE IN NOVEMBER 2003 AND AGAIN IN FEBRUARY 2004. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline			FOR AGENCY USE ONLY 9999999	
	Date Received  15-JAN-2004		Repository <input type="checkbox"/>  Reference No. 10071186		
<b>OWNER INFORMATION (Type or Print)</b>					
Name:			Daytime Telephone Number		E-mail Address
Address:			Evening Telephone Number		
City	State	Zip Code			
WEST PALM BEACH	FL				
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.					
Signature of Owner _____			Date: 1/1/04		
<b>VEHICLE INFORMATION</b>					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G1JC12F23			Make: CHEVROLET	Model: CAVALIER	Model Year: 2003
Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City		State	Zip Code	
Transmission Type MANUAL	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC		
			Multiple Failure:		
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Incident Date(s) 15-NOV-2003	Failure Mileage 7000	Failure Speed			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>					
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)		
DOT No. (Example: DOTM4LSABCD36)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:			
Tire Component Code			Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>					
Make:	Date Manufactured:	Model No./Name:			
Seat Type:	Installation System:				
Child Seat Component Code:	Failed Part:				
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), condition(s), and injury(ies).)					
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 Deaths	Reported to Police N	
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).					
1. BOTH BRAKE LIGHTS WENT OUT W/IN MONTH OF EACH OTHER. IN THE MONTHS OF JULY AND AUGUST. 2. BRAKES NOISY, SEPTEMBER. 3. TRUNK WOULD NOT OPEN, OCTOBER. 4. BRAKES NOISY, AGAIN, NOVEMBER. 5. CAR TURNS OFF IN THE MIDDLE OF AN INTERSECTION AFTER MAKING A COMPLETE STOP AND TRYING TO SPEED UP. FREAKING OUT, I PRESSED THE GAS AND MOVED THE KEY IN THE IGNITION, THEN PUT CAR IN PARK AND GOT IT TO START, NOVEMBER. IT JUST SEEMS TO ME THAT I HAVE A DISFUNCTIONAL CAR THAT WHEN I DONT HAVE SOMETHING WRONG WITH ONE THING I HAVE TO GO IN TO THE DEALER FOR ANOTHER. ITS A NEW CAR AND ITS COSTING ME MORE PROBLEMS AND INCONVENIENCES THAN THE OLD '96 I HAD TILL I BOUGHT THIS ONE.					
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY		
<small>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 responses 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 a definitive enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.</small>					

 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> <b>1-888-DASH-2-DOT</b> <b>(1-888-327-4236)</b> <b>INTERNET: www.nhtsa.dot.gov/hotline</b>		FOR AGENCY USE ONLY 100148	
	Date Received  30-SEP-2003		Repository <input type="checkbox"/>  Reference No. 10040953	
OWNER INFORMATION (Type or Print)			Daytime Telephone Number	E-mail Address
Name			Evening Telephone Number	
City PARMA		State OH	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date <u>1/1</u>				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make PONTIAC	Model SUNFIRE	Model Year 2003
Date Purchased 18-MAY-03	Dealer's Name and Telephone Number		Engine: No. Cylinders 4	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain FRONT WHEEL DRIVE	Vehicle Component Code 125000 EXTERIOR LIGHTING: BRAKE LIGHTS	
Multiple Failure:				
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Incident Date(s) 15-SEP-2003	Failure Mileage 2300	Failure Speed		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>				
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), failure(s), citation(s), and injury(ies).)				
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 Deaths	Reported to Police N
Narrative Description of Incident(s), Crash(es), and Injury(ies). Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).				
LEFT BLINKER AND BRAKE LIGHTS NOT FUNCTIONING - PURCHASED VEHICLE 5/03 - MILEAGE 2300 MILES.				
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.			ATTACH ADDITIONAL SHEETS IF NECESSARY	
<small>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.</small>				