



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 252

Date Received
13-FEB-2003

Repository
Reference No.
10007382

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: PARKVILLE State: MO Zip Code: [Redacted]
Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]

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

VEHICLE INFORMATION

Vehicle Identification Number Located at: [Redacted] (Do not include the word "VIN") VIN: 1GCHK29482E158428		Make CHEVROLET	Model SILVERADO 2500HD	Model Year 2000 2002
Date Purchased 12/01	Dealer's Name and Telephone Number Superior Chevrolet 913-384-1580		Engine: No. Cylinders 8	Fuel Type: Unleaded
Original Owner <input checked="" type="checkbox"/>	Dealer's City Shawnee Mission	State KS	Zip Code 66202	
Transmission Type Auto	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code D12000 STEERING-COLUMN Power-Steering Pump	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-FEB-2003	Failure Mileage 62000	Failure Speed 5MPH
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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	The 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
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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 STEERING COLUMN LOCKED UP #38

The shaft in the power steering pump sheared and caused loss of steering and brakes. When I had it repaired, reported that this was the third failure in exactly the same place on the shaft, that they have repaired. I have the shaft in my possession.

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 Administration 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.