



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

Date Received

RECEIVED
03 FEB 19 PM 3:48
OFFICE
DEFECTS INVESTIGATION

Od_Lo_ _____
r_dt _____
od_rt _____
up_itr _____

Reference No.

10009045

OWNER INFORMATION (Type or Print)

Name		Apt. No.	
Street No.		Daytime Telephone Number	
City	State	Zip Code	()

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 02/09/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits)		Make	Model	Year
1GCGS14Z6K2163605		CHEVROLET	S-10 Longbed	1989
Purchased Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City		4.3	<input type="checkbox"/> Diesel
State		Zip Code	No. Cylinders	<input type="checkbox"/> Gas
TX.		73112	6	<input checked="" type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System	Cruise Control	Drivetrain
	<input type="checkbox"/> Manual	<input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbell	<input type="checkbox"/> Yes	<input type="checkbox"/> Front
	<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Rear
		<input checked="" type="checkbox"/> 3-Point Belt		<input type="checkbox"/> 4-Wheel
Vehicle Type		Body Style		
<input type="checkbox"/> Car <input type="checkbox"/> Sport Utility		<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door		
<input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck		<input type="checkbox"/> Stationwagon		
<input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle		<input type="checkbox"/> Pick Up Truck		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
DOOR LATCH & HANDLE SAFETY BELTS GEARS	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name		
Complete Tire Size	DOT No.		
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

APPLICABLE INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

N/A

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-366-7882