



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 <i>18 MARCH 05</i>	Order _____
Reference No. <i>1011257</i>	File _____
	odt _____
	uptr _____

**OWNER INFORMATION (Type or Print)**

DAYTIME TELEPHONE NUMBER

NAME \_\_\_\_\_

STREET NO. *RED LION* APT. NO. *PA.*

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ENTER ZIP CODE \_\_\_\_\_

ZIP CODE + 4

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

AREA CODE

0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9
0	1	2	3	4
5	6	7	8	9

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 and address to the vehicle manufacturer.

SIGNATURE OF OWNER \_\_\_\_\_ DATE *2/15/03*

**VEHICLE INFORMATION**

VEHICLE IDENT. NO. (VIN) (Completed in bottom of substituted on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<i>1GKEL19X23B506722</i>	<i>GMC</i>	<i>SAFARI</i>	<i>10 ? 02</i>	<i>2003</i>

VEHICLE MANUFACTURER

BMW  Ford  Honda  Nissan  Subaru  Volvo  Other \_\_\_\_\_  
 Daihatsu/Chrysler  General Motors  Hyundai  Isuzu  Toyota  VW

PURCHASE DATE *10/31/02*  New  Used

DEALER'S NAME *GIABOLVO* CITY *YORK* STATE *PA* ZIP CODE *174*

ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
<i>6</i>	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Driver-side Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger-side Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 9-Point Belt	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

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

COMPONENT	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="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brakes <input checked="" type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE <i>EVERY TIME I USE REVERSE ON AN INCLINE</i>	TIRE BRAND	
	MILEAGE AT INCIDENT <i>FROM 0-3500</i>	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT <i>REVERSE</i>		
	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement		

HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED?
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FINE	NUMBER OF FATALITIES	<input type="radio"/> Nutsy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/> 0 1 2 3 4 5 6 7 8 9		

