



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 335*

Date Received

27-MAY-2003 JUN 19

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AN 17
Residual No.
10021647

OWNER INFORMATION (Type or Print)

Name

Street No.

Apt. No.

City

SOMERS

State

MT

Zip Code

Daytime Telephone Number

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

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) 26DEK19K6S1S18BB5		Make GMC		Model K1500		Year 1995			
Purchased Date 2-18-95		Dealer's Name J.C. BILLION MOTORS 4065864575			Engine Size (CID/CC/L) E		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input type="checkbox"/> Used		Dealer's City BOZEMAN		State MT		Zip Code 59715		No. of Cylinders	
Manufacture Date (on driver's door or plate)		Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		Restraint System <input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorized <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> S-Point Belt <input type="checkbox"/> S-Point Belt		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	
						Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Diner		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION

INCIDENT DATE AUG 4 2000		Part Name(s) 22000 SEATS		Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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)	
Mileage at Failure(s)		Vehicle Speed at Failure(s)	
		Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

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

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Persons Injured 2		Number of Fatalities		Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

THE DRIVER AND PASSENGER SEATS RECLINING MECHANISM LET GO AND THE BACKS OF THE SEATS RECLINED SO WE ENDED UP IN THE BACK SEAT OF THE EXTENDED CAB WHEN ANOTHER CAR REAR ENDED OUR VEHICLE. THE OTHER VEHICLE WAS TRAVELING AT 55-65 MPH - BOTH DRIVER + PASSENGER WERE INJURED

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 administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail requests form or fax to 202-368-7800

NHTSA. if you need further info, please
call [redacted]

KALISPELL POLICE DEPARTMENT
Frank Garner, Chief of Police
P.O. Box 1997 • 406-738-0780 • Kalispell, MT 59901

Copy of DRIVER INFO.
EXCHANGE.

Accident Exchange/Driver Information

Location 800 Block E. Idaho St
 Date 8/4/00 Time 1:50 PM
 Driver [redacted]
 Address [redacted]
 City Conrad St. MT
 Phone [redacted] Passer 0
 D [redacted] DOB 01/07/63
 DL State MT Exp 2007
 Status Real Comp Y N
 Veh Make Mercury yr 93
 Lic # [redacted] St MT yr 01
 VIN 1MELM5045PG654249
 Seat Belts yes Inj no
 Reg Owner same
 Address _____
 City _____ St. _____
 Insurance Progressive Northwestern
 Policy 801 994 00-0
 Wrecker Bills
 Officer Brenden # K-18

White - File Copy - Yellow - Driver

① 200CRO010898