Form Approved: O.M.B. No. 2127-0008

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: 2008 MAY 27 PM 3:37

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No. 10021985

OWNER INFORMATION (Type or Print)

Na [redacted]

[redacted] Apt. No.

City Rockport State TX [redacted]

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of [illegible] NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date ___/___/___

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
	Chev.	Truck	01

Purchased Date 8 01 ☑ New ☐ Used

Dealer's Name Ron Carter

Dealer's City Alvin State TX Zip Code

Engine Size (CID/CC/L) ☐ Turbo ☐ Diesel ☑ Gas ☑ Fuel Injection

No. Cylinders 6

Manufacture Date (on driver's door or pillar)

Transmission Type: ☐ Manual ☑ Automatic

Restraint System: ☑ Driverside Air Bag ☐ Motorbelt ☑ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt

Cruise Control: ☑ Yes ☐ No

Drivetrain: ☐ Front ☑ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utility ☐ Van ☑ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☑ 2-Door ☐ 4-Door ☐ Stationwagon ☑ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip
Tires + Rims	☑ Left ☐ Right ☑ Front ☐ Rear	☑ Original ☐ Replacement	☐ Yes ☑ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand Good Year | Tire Name | Complete Tire Size 16"

No. of Failures

Date(s) of Failure(s)

Mileage at Failure(s) 20,000

Vehicle Speed at Failure(s):

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ Yes ☐ No

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
☐ Yes ☑ No	☐ Yes ☑ No	0	0	☑ Yes ☐ No

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

Attention Bounced up 2 Times Distributerator
Tail gate Plates Lights
Steering colum
Windshield Wipers not Fixed
Rims not Fixed
Door Locks
Seat Belts
Bed Liner

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 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 postage free or fax to 202-366-7882

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FOR AGENCY USE ONLY	
Date Received: 23-DEC-2002	Repository ☐
	Reference No.: 10001382

OWNER INFORMATION (Type or Print)

Name: [redacted]		Daytime Telephone Number: [redacted]	E-mail Address:
Address: [redacted]		Evening Telephone Number:	
City: ROCKPORT	State: TX	Zip Code: [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 [redacted] to the vehicle manufacturer.
Signature of Owner: [redacted] Date: / /

VEHICLE INFORMATION

Vehicle Identification Number (VIN): PLEASE PROVIDE	Make: CHEVROLET	Model: PICKUP	Model Year: 2001
Date Purchased: -01	Dealer's Name and Telephone Number: Ron CARTER	Engine: No. Cylinders: 6	Fuel Type: GAS
Original Owner ☒	Dealer's City: ALVIN	State: TX / Zip Code	
Transmission Type: AUTO	☒ Antilock Brakes ☑ Cruise Control	Powertrain	Vehicle Component Code: 201000 WHEELS:RIM Multiple Failure:

FAILED COMPONENT(S) / PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2002			

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: DOTMALSABC0361)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

CONSUMER STATED THAT WHILE DRIVING AND WITHOUT WARNING ALL 4 RIMS ARE WARPED CAUSING A DISTRACTION TO THE CONSUMER. DEALER NOTIFIED. TS

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

Texas Department of Transportation

Form
Rev. 6/00

LEMON LAW COMPLAINT/REQUEST FOR HEARING

PLEASE COMPLETE ENTIRE FORM--INCOMPLETE FORMS WILL BE RETURNED

NAME: [redacted]

STREET ADDRESS: [redacted]

CITY: Rockport STATE: Tx. ZIP: [redacted]

WORK PHONE: ( ) HOME PHONE: [redacted] FAX # ( )

CHECK ALL THAT APPLY: ☑ NEW ☐ USED ☐ DIESEL ☐ DEMO ☐ PROGRAM ☐ LEASED ☐ CONVERTER

YEAR: 2001 MFG/MAKE: Chevrolet MODEL: Pickup

VIN: 1GCEC14W61Z306117 DATE PURCHASED: July 2001

MILEAGE: CURRENT 40,320 AT DELIVERY: 30 DATE 24,000 MILES REACHED:
(The mileage requirements do not apply to TRVs).

CONVERTER CO:

LEASE CO:

LEASE COMPANY ADDRESS:

SELLING DEALER: Ron Carter Chevrolet CITY: Alvin, Tx

SERVICING 1) CITY:

DEALERS 2) CITY:

3) CITY:

DEALER ADDED OPTIONS: Full Warranty Coverage for 5yrs.

WARRANTY COVERAGE: (Obtain from owner's manual)

- Basic: 3/// MONTHS/ MILES
- Powertrain: // MONTHS/ MILES
- Safety Restraint: // MONTHS/ MILES
- Emission Warranties:
  - All parts: MONTHS/ MILES
  - Specified parts: MONTHS/ MILES

LL $35

I am the owner or lessee of the vehicle and the following defects were reported during the warranty period and continue to exist. **State defects clearly. This MUST be completed on this form.** If you must use an additional sheet list only additional existing defects on that page.

1. Alternator Burned up twice w/ Distributer
2. Tailgate Plate lights
3. Steering Colum
4. Windshield Wiper
5. Rims
6. Door Locks
7. Seat Belts
8. Bed liner

List all warranty repairs on page 4 of the complaint form, even if the defect may be repaired.

The selling dealer furnished me a copy of the complaint procedure under the lemon law. ☐ YES ☑ NO

I have written the manufacturer, converter or distributor of the vehicle, (THE MAKER OF THE VEHICLE, NOT THE DEALER) on _____ (DATE), informing them of the problem(s). ☐ YES ☐ NO

IF NOT, PLEASE SEND A LETTER TO THE MANUFACTURER, CONVERTER OR DISTRIBUTOR AS SOON AS POSSIBLE (CERTIFIED MAIL IS SUGGESTED), AND SEND A COPY OF THE LETTER TO US.

Has the vehicle been inspected by a factory representative? ☐ YES ☑ NO

If yes, please state the date of inspection, location of inspection, and by whom it was inspected, as well as the outcome of the inspection. Use separate sheet if necessary.

DATE:_____ LOCATION:_____

BY WHOM:_____ OUTCOME:_____

WHAT REMEDY ARE YOU SEEKING?: ☑ REPURCHASE ☑ REPLACEMENT or just ☐ REPAIRS

List below incidental expenses you are claiming for repair of defects which should have been covered by manufacturer's warranty, towing, rental cars, mail charges, telephone calls, lodging and meals because of the loss of use of your vehicle, loss or damage to personal property, attorney fees, (if the manufacturer retains counsel before you do), and items or accessories added to the vehicle at or after purchase. (Please attach copies of all receipts.)

Type of Reimbursement	Amount	Date of Expense

Please return this form with the following attachments: (PLEASE NO ORIGINALS)

[Forms returned incomplete and/or without the information requested below will be returned. This delay could result in a complaint being rejected due to untimely filing.]

1. Purchase order or sales contract.
2. Repair order(s).
3. Extended service contract, if applicable.
4. Lease agreement, if applicable.
5. Other relevant information.
6. **IF YOU ARE SEEKING REPURCHASE OR REPLACEMENT OF YOUR VEHICLE,** you must send this form and the items requested with your check or money order payable to:

   Motor Vehicle Division in the amount of $35.00 **(NO CASH)** to the following address:

   Motor Vehicle Division, Consumer Affairs Section, Post Office Box 13044, Austin, Texas 78711-3044
7. **IF YOU ARE SEEKING REPAIRS ONLY,** you must send this form and the items requested to the following address: Motor Vehicle Division, Consumer Affairs Section, Post Office Box 2293, Austin, Texas 78768-2293

SIGNATURE:_____

DATE:_____

WARRANTY REPAIRS [redacted]

Complainant's Name

DATE IN (List oldest first)	MILEAGE	DEALER	REPAIR ORDER NUMBER	DESCRIPTION OF PROBLEMS	WORK DONE	DATE OUT	COST, IF ANY
		SPN Antonio		Alternator Burned up			
		Arkansas Pass		Tailgate Fell off			
		Portland		windshield wiper Not fixed			
		Al Willingham		steering colum coming a part.			
		"		Distributor - Step working			
		[redacted] Houston		Rims warped Not fixed			
		"		Bad liner peeling off			
		"		windshield wipers steel not Fixed			
				Tires worn out because of rims 20 miles			
		[redacted] Al Willebrand Arkansas Pass		Seatbelts would not work			
		"		Tail light Fell off Not Fixed			
		"		Distributor quit working again.			
		"		Door Locks work Sometimes			