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/[redacted]

2003 DEC 10 PM 3:08

FOR AGENCY USE ONLY 100147	
Date Received 19-NOV-2003	Repository ☐
	Reference No. 10048234

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City ELLETTSVILLE	State IN	Zip Cod [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 aut[redacted]de your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/3/2003

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCCT14WXW201151	CHEVROLET	510	1987

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
[illegible]	[illegible] CHEVY				
Original Owner ☐	Dealer's City [illegible]	State IN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
[illegible]	☑ Antilock Brakes ☐ Cruise Control		200000 WHEELS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-SEP-2003	83213		

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: DOTMAL9ABC036)	☐ 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).

WHILE DRIVING AT ANY SPEED CONSUMER HEARD A POPPING NOISE COMING FROM THE FRONT WHEELS. CONSUMER HAD VEHICLE TOWED TO THE DEALER TO BE INSPECTED. *AK

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