Moisten Here Moisten Here

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Form Approved: O.M.B. No. 2127-0...

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline
Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
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 2003 JAN ... : 56

Od-or ___ ___
rt-df ___ ___
od-rt ___ ___
up-ltr ___ ___

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME [redacted]

STREET [redacted]

CITY Binghamton STATE NY

ENTER ZIP CODE [redacted] AREA CODE [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ● Yes ○ No

In th[redacted] and address to the vehicle manufacturer.

X [redacted]
SIG[redacted]

DATE 12-12-03

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
2GCEK19T61[redacted]	Chevrolet	Silverado Pick up		2001

VEHICLE MANUFACTURER
○ BMW ○ Ford ○ Honda ○ Nissan ○ Subaru ○ Volvo ○ Other ______
○ Daimler/Chrysler ● General Motors ○ Hyundai ○ Saab ○ Toyota ○ VW

PURCHASE DATE		DEALER'S NAME	CITY	STATE	ZIP CODE
10/01	● New ○ Used				

ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
(CID/CC/L) ___ NO. CYLINDERS 8	○ Turbo ● Fuel Injection	○ Diesel ● Gas	○ Manual ● Automatic	● Yes ○ No	● Driverside Airbag ● Passengerside Airbag ● 3-Point Belt ○ 2-Point Belt ○ Motorbelt	● Yes ○ No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
○ Front ● 4-Wheel ○ Rear	○ Car ○ Van ○ Minivan ○ Sport Utility ● Truck ○ Motorcycle ○ Other ______	○ 2-Door ● 4-Door	○ Hatchback ● Pick Up Truck ○ Sedan ○ Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT
○ Child Seat
○ Electrical Lights & Alarms
○ Engine & Cooling System
○ Equipment
○ Fuel System, Exhaust
○ Heater, Defrost, Ventilation
○ Interior
○ Parking Brake
○ Power Train
● Service Brakes
○ Steering
○ Structure
○ Suspension
○ Visual Systems
○ Other ______

NO. OF FAILURES ___

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).

INCIDENT DATE 11-03-03

TIRE NAME

COMPLETE TIRE SIZE

MILEAGE AT INCIDENT 30230

TIRE BRAND
○ BF Goodrich
○ Cooper
○ Firestone
○ Goodyear
○ Kelly Springfield
○ Michelin
○ Yokohama
○ Other ______

VEHICLE SPEED AT INCIDENT 0-0-0

FAILED PART(S) ● Original ○ Replacement

HANDICAPPED ADAPTIVE ○ Yes ● No

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) on the back of this form.

CRASH ○ Yes ● No

FIRE ○ Yes ● No

NUMBER OF PERSONS INJURED 0 0

NUMBER OF FATALITIES 0 0

CAUSE OF INCIDENT
● Wear/Corroded/Rust
○ Weak/Poor Fit/Loose
○ Cut/Torn
○ Disconnect/Fell Off
○ Erratic/Poor Performance
○ Excessive Effort
○ Noisy
○ Leaks
○ Short
○ Locks/Sticks/Grabs
○ Stability/Vibration
○ Broken

RESULT OF INCIDENT
○ Explosion/Fire
○ Loss of Control
○ Poor Visibility
○ Inadvertent Start
○ Rollover
○ Stalls
○ Sudden Acceleration