



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

2004

FOR AGENCY USE ONLY 100078

Date Received
FEB 17 AM 11:05
18-FEB-2004

Repository
Reference No.
10059285

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City LOVELOCK State NV Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening 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 an authorization, please provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 3.15.04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GCEK19M8VE119176
Make CHEVROLET Model SILVERADO Model Year 1997
Date Purchased 10-11-2000 Dealer's Name and Telephone Number JET WAY CHEVROLET 775-423-8700 Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner NO Dealer's City FALLON State NEV. Zip Code 89406
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE
Vehicle Component Code 014000 STEERING, RACK AND PINION
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 18-FEB-2004 Failure Mileage Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/85R15)
DOT No. (Example: DOTM18ABC036) 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 Yes No Fire Yes No Number of Persons Injured Number of Deaths Reported to Police 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 AND MAKING LEFT OR RIGHT TURNS AT LOW SPEED STEERING WHEEL LOCKED. CONSUMER LOST THE CONTROL OF VEHICLE. DEALER INDICATED DETERMINED THAT RACK AND PINION FAILED. *AK

I CALLED CHEVROLET CUSTOMER ASSISTANCE CENTER AND WAS TOLD TO FIX THE PROBLEM AT MY EXPENSE IF IT WAS RECALLED I WOULD BE REIMBURSED AT A LATER TIME

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

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.