



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 231

Date Received
2004 APR 20 AM 9:49
11-MAR-2004

Repository
Reference No.
10052944

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BELLBROOK State: OH Zip Code: [REDACTED]

Daytime Telephone Number: [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 authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 3-23-2004

VEHICLE INFORMATION

17 digit Vehicle Identification No. (VIN) Located on front of windshield on driver's side: 1G6DC1478RZ143570
Make: CHEVROLET Model: 1500 Model Year: 1994
Date Purchased: 12-30-97 Dealer's Name and Telephone Number: Air City Motors
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: ENON, OH State: OH Zip Code: [REDACTED]
Transmission Type: Manual Automatic
Antilock Brakes: Powertrain: [REDACTED]
Cruise Control: Vehicle Component Code: 138000 VISIBILITY:WINDSHIELD WIPER/WASHER
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [REDACTED] Failure Mileage: [REDACTED] Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM19ABC036): [REDACTED] Original Equipment Prior Repair: Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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: 0 Number of Deaths: 0 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 USING THE WINDSHIELD WIPERS THEY STOPPED FUNCTIONING DURING MOVEMENT. *AK
I HAVE NEVER RECEIVED ANY NOTICE FROM GM OF THE RECALL FOR THIS DEFECT, EVEN THOUGH THEY STATE THEY SENT TWO (2).

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.