



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 1367

Date Received

2004
30-MAR-2004

Repository

Reference No. 12

10065273

OWNER INFORMATION (Type or Print)

Name

Address

City

CEDAR RAPIDS

State IA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date / /

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GCDT18X1YK

Make

CHEVROLET

Model

S10

Model Year

1997

Date Purchased

Dealer's Name and Telephone Number

Engine: 6
No. Cylinders

Fuel Type:

G

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Auto

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

151300 SEAT BELTS:FRONT:RETRACTOR

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

27-MAR-2004

Failure Mileage

90000

Failure Speed

35

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: DOTMALSABC036)

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, failure(s), crash(es), and injury(ies).)

Crash

Yes No

Fire

Yes No

Number of Persons Injured

1

Number of Deaths

Reported to Police

Y

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 35 MPH CONSUMER'S VEHICLE WAS INVOLVED IN A FRONTAL COLLISION. DRIVER SIDE SEAT BELT FAILED TO RETRACT, AND THE AIRBAGS FAILED TO DEPLOY. CONSUMER WAS KNOCKED UNCONSCIOUS WHEN HIS HEAD HIT THE STEERING WHEEL. *AK

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.