



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 1358

Date Received

2004 MAY -4
05-MAY-2004

Repository ☐

Reference No.
10072170

OWNER INFORMATION (Type or Print)

Name

Address

City

FOREST

State VA

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?

In the absence of an answer, we will provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 5/12/04

YES

NO

VEHICLE INFORMATION

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

1GCHK29UX1E227117

Make

CHEVROLET

Model

SILVERADO

Model Year

2001

Date Purchased

11-27-00

Dealer's Name and Telephone Number

Berglund Chevrolet 510-344-1461

Engine: 6 Liter

No. Cylinders

8

Fuel Type:

GAS

Original Owner

☒

Dealer's City

Roanoke

State

VA

Zip Code

24027

Transmission Type

AUTO

☒ Antilock Brakes

☐ Cruise Control

Powertrain

Vehicle Component Code

180000 VEHICLE SPEED CONTROL

Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

08-APR-2004

Failure Mileage

19000

Failure Speed

0-24MPH

Brakes + Steering

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: DOTM19ABC038)

☐ 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 IN REVERSE VEHICLE ACCELERATED BACKWARDS. ALSO, STEERING WHEEL LOCKED UP. CONSUMER MANAGED TO DECELERATE THE VEHICLE. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

* Purchased Vehicle AT Berglund but took it
TO Royal Chevrolet - Lynchburg (434-237-9400) due
TO closer proximity TO my home.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Back out of my garage slowly I accelerated back faster than usual due to very little braking power. I was able to stop vehicle but when I had no steering capability I eased back, changed a short engine off 15-20 minutes later I removed the power steering cap & the pressure under the cap blew down steering fluid out. The dealer (Koval) couldn't find a problem. I have had to further problem but I always have steering lost right before shifting into drive or reverse to make sure I have steering & am careful w/brakes when starting to move.

There was a Pressure Problem in This Incident
There was a 74.0P "diagnostic" charge by ~~the~~ ^{the} ATTACH ADDITIONAL SHEETS IF NECESSARY

**U.S. Department
of Transportation**

**National Highway
Traffic Safety
Administration**

400 Seventh St., S.W.
Washington, D.C. 20000

**Official Student
Party for Private Use \$300**



**NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES**

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 72173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL-100% TRAFFIC SAFETY AGENCY

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



U.S. Department of Homeland Security
Homeland Security
Academy
http://www.fbi.hq.edu/govaffairs

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

**VEHICLE
OWNER'S
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