

10074017

Form Approved: O.M.B. No. 2127-0008



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
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	Oct- rd- st-
File No.	11: 50

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

CITY: Richmond VA. STATE: VA. ZIP CODE: 23131 AREA CODE: 804

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

In the presence of _____
 Signature of Owner
 Date: 5-1-04

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
[Redacted]	<u>99 Chev</u>	<u>YSU-2505</u>		<u>1999</u>
VEHICLE MANUFACTURER	<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW			
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<u>99</u>	<u>Jul. An Graham</u>	<u>Richmond</u>	<u>VA.</u>	[Redacted]
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS	RESTRAINT SYSTEM		CRUISE CONTROL	
	<input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt		<input type="radio"/> Yes <input checked="" type="radio"/> No	

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input type="radio"/> Front <input type="radio"/> 4-Wheel <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	<input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input checked="" type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input checked="" type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input checked="" type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> 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	TIRE NAME
		RELEASE AT INCIDENT	TIRE BRAND
		VEHICLE SPEED AT INCIDENT	COMPLETE TIRE SIZE
	FAILED PART(S)	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input checked="" type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
	FAILED PART(S) AVAILABLE		

HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT	
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9			
	FIRE	NUMBER OF FATALITIES	<input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort	<input type="radio"/> Noisy <input type="radio"/> Loose <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> 2-Door <input type="radio"/> 4-Door <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

Narrative description of incident(s), talk(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

I had a accident
in 2002 a PET Brackard
Vehicle hit me from
behind I have been
having trouble every since.
My car have been
service at Patrick
Chevrolet dealer I
havent been satisfied. If
its a problem they should
let you no when they
put it on the machine.
I have put a lot of
money in this car. I
bought a lemon. I
very disa.fied with this
car. If have would the
The main of Eco still
no help. I will never
buy a Chevrolet in my
life time
Thank you.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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.

Mark Released by NHTSA Form 800-368-1909/2001 8000 Printed in U.S.A.
© Copyright 2001 by National Computer Systems, Inc. All rights reserved.
HS Form 350 (Rev. 6/99)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

Complete and return or place in your car manual for future use



VEHICLE
OWNER
QUESTIONNAIRE

(V

DOT AUTO SAFETY HOTLINE
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-1111

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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

www.nhtsa.dot.gov/hot