


AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-800-424-9383 DC METRO AREA 202-398-0123		DATE RECEIVED	od. or _____ rt. dt _____ od. rt _____ up. fr _____ REFERENCE NO. _____
OWNER INFORMATION (TYPE OR PRINT)		2004 AUG 20 PM	
NAME and ADDRESS		10089530	
ALVARADO, Tex.		DAY TIME TELEPHONE NO. (AREA CODE)	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.	
SIGNATURE OF OWNER		DATE 04/21/2004	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.* 1GN2T139222		VEHICLE MAKE Chevrolet	VEHICLE MODEL
*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE		MODEL YEAR 2002	
CURRENT ODOMETER READING 28547	DATE PURCHASED 8-09-2001 <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	DEALER'S NAME, CITY & STATE FORREST P.O. Box 37 CLEBURG, Tex. 76033	
ENGINE SIZE (CID/CC/L) 4.2		NO. CYLINDERS 6 <input type="checkbox"/> TURBO DIESEL <input checked="" type="checkbox"/> GAS FUEL INJECTN	
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	RESTRAINT SYSTEM <input checked="" type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input checked="" type="checkbox"/> PASSENGERSIDE AIRBAG <input type="checkbox"/> 3-POINT BELT <input checked="" type="checkbox"/> 3-POINT BELT	CRUISE CONTROL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DRIVETRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> WHEEL		BODY STYLE STAWAG 4 DR <input checked="" type="checkbox"/> HATCH BK 2 DR <input type="checkbox"/> VAN PK UP TRK OTHER	
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT	PART NAME(S)	LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S) <input type="checkbox"/> ORIGINAL REPLACEMENT
NO. OF FAILURES	DATE(S) OF FAILURE(S)	MANUFACTURER CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	MILEAGE AT FAILURE(S)		
	VEHICLE SPEED AT FAILURE(S)		
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED	NUMBER OF FATALITIES
		PROPERTY DAMAGE EST\$	POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
<p>After GM Campaign 03012 + 03013, Denley Code 07222 — there has been a <u>very strong</u> odor of fuel from the exhaust.</p>			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974 Public Law 93-579		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.	
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			