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 959

Date Received	Repository ☐
10-SEP-2004	2004 NOV -3 PM 1:45
	Reference No. 10091880

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number		
City	LIVONIA	State MI	Zip Code [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 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	Make	Model	Model Year
1GCHK23131[redacted]	CHEVROLET	SILVERADO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
MAY 14-01	TENNYSON CHEVROLET 734 425 8500			No. Cylinders 8	~~Gas~~ DIESEL
Original Owner ☒	Dealer's City LIVONIA	State MI	Zip Code 48150		

Transmission Type		Powertrain	Vehicle Component Code DIESEL
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		073200 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM:INJECT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-SEP-2004	83,000	65 MPH	FUEL INJECTOR LINES RUSTED OUT, SPEWING DIESEL FUEL EVERYWHERE

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: DOTMA9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

CONSUMER RECEIVED A NOTIFICATION ENCLOSURE NUMBER 04039. THIS WAS AN IMPROVEMENT CAMPAIGN FOR REPLACEMENT OF FUEL INJECTIONS. NO PARTS WERE AVAILABLE. SERVICE MANAGER REGGIE GARRET. PAK

MY TRUCK WAS REPAIRED THIS PAST FRIDAY (SEPT. 17). THIS WAS THE FORTIETH DAY IN SERVICE. I AM AWAITING WORD ON THE $7,800.00 ESTIMATE PERTAINING TO THE DAMAGE TO MY TRAILER AS A RESULT OF THE DIESEL FUEL GOING EVERYWHERE.

I JUST RECIEVED NOTICE THAT G.M. WILL PAY FOR REPAIRS TO MY TRAILER, THANK YOU

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.