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 1220	
Date Received: 20-OCT-2004	Repository ☐
	Reference No.: 10097215

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: PITTSTON | State: PA | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address:

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ YES ☒ NO
In the absence of an auth[redacted] name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2GCEK19R0T1[redacted] 746-96	CHEVROLET	1500	1996

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
10-9-99	VALLEY CHEVROLET 570 821 2781	8	GASOLINE

Original Owner	Dealer's City	State	Zip Code
☐	WILKES BARRE, PA	PA	18703

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☑ Antilock Brakes ☑ Cruise Control	350 VORTEX	072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
19-OCT-2004	127,110	10 MPH	STALL - RE START - STALL

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: DOTMA19ABC036)	☐ 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			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 DRIVING, THE VEHICLE LOST POWER. THE CONSUMER WAS ABLE TO RESTART THE VEHICLE, BUT IT LOST POWER AGAIN. THE CONSUMER TOOK THE VEHICLE TO A MECHANIC TO HAVE IT INSPECTED. IT WAS DISCOVERED THAT A WIRE INSIDE THE FUEL PUMP WHICH WAS LOCATED INSIDE THE FUEL TANK HAD MELTED. PLEASE PROVIDE ANY FURTHER INFORMATION. *OB

TOW - WOULD NOT START -
- FUSE BLOWN - 20 AMP
STALLED SEVERAL TIMES - FINALLY DIED IN TRAFFIC

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

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