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|  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 100145 | |
| | Date Received 08-NOV-2004 | | Repository <input type="checkbox"/> Reference No. 52 10099593 | |
| OWNER INFORMATION (Type or Print) | | | | |
| Name | | Daytime Telephone Number | | E-mail Address |
| Address | | [REDACTED] | | |
| City | State | Zip Code | | |
| JERUSALEM | OH | [REDACTED] | | |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner [REDACTED] Date 11/19/04 | | | | |
| VEHICLE INFORMATION | | | | |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | | Make | Model | Model Year |
| 1GCEK14Y92Z [REDACTED] | | CHEVROLET | PICKUP | 2002 |
| Date Purchased | Dealer's Name and Telephone Number | | Engine No: Cylinders | Fuel Type: |
| | | | | Gas |
| Original Owner <input checked="" type="checkbox"/> | Dealer's City | State | Zip Code | |
| Transmission Type | <input type="checkbox"/> Antilock Brakes | Powertrain | | Vehicle Component Code |
| AUTOMATIC | <input checked="" type="checkbox"/> Cruise Control | | | 034400 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS |
| | | Multiple Failure: 1 | | |
| FAILED COMPONENT(S)/PART(S) INFORMATION | | | | |
| Incident Date(s) | Failure Mileage | Failure Speed | | |
| 08-NOV-2004 | 24000 | | | |
| ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE | | | | |
| Tire Make | Tire Model (Name or Number) | | Tire Size (Example P215/B5R15) | |
| | | | | |
| DOT No. (Example: DOTMALSABC03B) | <input type="checkbox"/> Original Equipment | Failure Location: | | |
| | <input type="checkbox"/> Prior Repair | | | |
| 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 <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)</small> | | | | |
| Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Deaths | Reported to Police |
| | | 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 STATED THE REAR BRAKES WORE OUT PREMATURELY. *AK | | | | |
| Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY | | | | |
| <small>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.</small> | | | | |