



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 252

Date Received

2005 JAN -5 PM 11:20  
06-DEC-2004

Repository

Reference No.

10103210

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]

Address [REDACTED]

City OREGON

State OH

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of a signature, NHTSA will not provide your name or address to the vehicle manufacturer.

Signature of Owner [REDACTED] Date 12/14/09

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

2GCEC19K9R [REDACTED]

Make

CHEVROLET

Model

1500

Model Year

1994

Date Purchased  
5-28-97

Dealer's Name and Telephone Number  
GEORGE BALLAS BUICK GMC TRUCK INC.

Engine:  
No: Cylinders 8

Fuel Type:  
Gas

Original Owner

Dealer's City  
TOLEDO, OH

State

Zip Code

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
REAR WHEEL DRIVE

Vehicle Component Code  
136200 VISIBILITY:WINDSHIELD WIPER/WASHER:MOTOR

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
06-DEC-2004

Failure Mileage  
64,000

Failure Speed

**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: DOTM19ABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

Reported to Police

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 IN INCLEMENT WEATHER WINDSHIELD WIPERS CAME ON AND OFF ON THEIR OWN. CONSUMER TOOK VEHICLE TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT THE WINDSHIELD WIPER MOTOR NEEDED TO BE REPLACED. \*AK

WINDSHIELD WIPERS WILL NOT COME ON

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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 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.