



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 15-MAR-2005
Repository
Reference No 10115192

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City PALM HARBOR State FL Zip Code _____
Daytime Telephone Number _____ 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 03/30/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GCHC33FXVF
Make CHEVROLET Model SILVERADO Model Year 1997
Date Purchased _____ Dealer's Name and Telephone Number CAPITAL CAR SALES
Original Owner Dealer's City TARPON SPRINGS FL State FL Zip Code _____
Engine: No: Cylinders 8 Fuel Type: Diesel
Transmission Type Antilock Brakes Powertrain REAR WHEEL DRIVE Vehicle Component Code 002100 FUEL SYSTEM, OTHER: DELIVERY:FUEL PUMP
AUTOMATIC Cruise Control Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 15-MAR-2005 Failure Mileage 130-671 Failure Speed 30-50-10 FUEL INJECTION PUMP

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: DOTM18ABC038) 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 0 Number of Deaths 0 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).

THIS INCIDENT HAS HAPPENED MORE THAN ONCE AND HAS NOT BEEN RESOLVED. WHILE DRIVING VEHICLE STALLED. DRIVER TRIED WAS UNABLE TO RESTART VEHICLE. DRIVER NOTICED THAT STEERING WHEEL AND THE BRAKES FAILED, AND WOULD NOT WORK WHEN APPLIED. THE DRIVER HAD THE TRUCK TOWED TO THE DEALER, AND MECHANIC DETERMINED THAT THE FUEL PUMP NEEDED TO BE REPLACED. *AK AND PAID \$1831.60 FOR THE THIRD PUMP INSTALLED SINCE I OWN THIS VEHICLE

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

The Privacy Act of 1974-Public Law 93-519 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

ENGINE SHUTS DOWN WITHOUT WARNING. DOESN'T MATTER WHAT YOU ARE DOING AT THE TIME. MARYA LEFT TURN THROUGH TRAFFIC IS VERY SCARY. WHEN ENGINE SHUTS DOWN, NO POWER STEERING OR BRAKES JUST ROLLS TO STOP.

I LOVE MY TRUCK. JUST WANT IT FIXED RIGHT

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

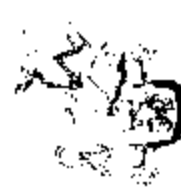
BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73175 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

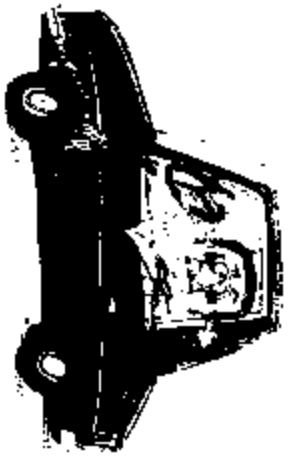
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

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1-888-327-4236

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(DASH) 2 DOT



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