



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100102

Date Received

28-APR-2005 JUN 2 2005

Repository

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WORDEN State IL 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 an address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/14/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GCCS14XBTB [REDACTED] Make CHEVROLET Model S10 Model Year 1986

Date Purchased 2-13-96 Dealer's Name and Telephone Number DALEY-BROCKERT, INC. 1-618-635-5202 Engine: No. Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City STAUNTON State IL Zip Code 62088

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 198000 TIRES;TEMPORARY/EMERGENCY SPARE TIRE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-APR-2005 Failure Mileage 85000 Failure Speed 5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]
DOT No. (Example: DOTM1ABBC038) Original Equipment Prior Repair Failure Location: [REDACTED]
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 [REDACTED] Number of Deaths [REDACTED] 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 AT APPROXIMATELY 5 MPH, THE BUNGY THAT HOLDS THE SPARE TIRE IN PLACE GAVE WAY, RELEASING THE SPARE TIRE. *AK

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

WHILE DRIVING AT APPROX 5 MPH THE CABLE THAT HOLDS THE SPARE TIRE BROKE AND THE SPARE TIRE FELL TO THE GROUND. I DID NOT KNOW THAT I LOST THE SPARE TIRE UNTIL MY 5-10 PICK-UP WAS ON THE LUBE RACK FOR LUBRICATION AND OIL CHANGE WEEKS LATER. MY GREATEST CONCERN OF THIS INCIDENT IS A SAFETY ISSUE. IF THE CABLE BROKE CAUSING THE SPARE TIRE TO COME OFF WHILE DRIVING ON A HIGHWAY, IT COULD HAVE CAUSED A TERRIBLE ACCIDENT RESULTING IN SERIOUS INJURY OR EVEN DEATH. I SUGGEST A SAFETY DEVICE BE INSTALLED IN THE EVENT OF CABLE FAILURE.

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 73173 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



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QUESTIONNAIRE

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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and dial toll free at

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(DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**