Form Approved: O.M.B. No. 2127-0004

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

2005 JUN 27 AM 1:32

FOR AGENCY USE ONLY 100148	
Date Received 26-MAY-2005	Repository ☐
	Reference No. 10122224

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	[redacted]
City WILDER	State ID	Zip Code [redacted]	Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your veh NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCGC33U2T[redacted]	CHEVROLET	CREW CAB	1996

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JAN-00	LENNY BURG CHEVROLET 208-459-4621			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City CALDWELL	State ID	Zip Code 83605		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	021510 SUSPENSION:FRONT:CONTROL ARM:UPPER ARM Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-MAY-2005	66,090	10	upper control arm brakets was NOT welded when manf.

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: DOTMALBABC038)	☐ 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) listed below. Continue on back if necessary.)

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).

DT: CONTACT STATES THE ARM THAT HOLDS THE WHEEL ON THE VEHICLE BROKE OFF, IT RIPPED PART OF THE FRAME. THE SERVICE DEALER STATED IT WAS A DEFECT WITHIN THE VEHICLE. THE MANUFACTURER SAID THEY WOULD PROVIDE $500 TOWARD THE PURCHASE OF A NEW VEHICLE OR THEY WOULD PROVIDE THE WELDING OF THE WHEEL ARM.*AK the bracket and tire pushed up against engine and shorted the wiring harness and blew fuses and pick up will start. Did damage to wiring harness.
without warranty*

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