



# Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS

888-327-4238  
www.safercar.gov

**FOR AGENCY USE ONLY**

Date Received: **10/34535** Repository:

Reference No.: **8-24-05**

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]

Street No: [Redacted] Apt. No.: [Redacted]

City: **WACO** State: **TX**

Do you authorize NHTSA to provide a copy of this report to the manufacturer?  YES  NO

Signature of Owner: [Redacted] Date: **7/29/05**

**VEHICLE INFORMATION**

17 digit Vehicle Identification number located at bottom of windshield on driver's side: **20CEK19K7M**

Make: **Chev.** Model: **1500** Year: **1991** Current Mileage: **about 171,000**

Date Purchased: **Don't Know** Dealer's Name and Telephone Number: **Purchased from [Redacted]** Engine: [Redacted] Fuel Type:  Diesel  Hybrid  Gas  Other

Transmission Type:  Manual  Automatic

Powertrain:  All-Wheel Drive  Rear-Wheel Drive  Front-Wheel Drive

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

Component Name	Incident Date(s)	Failure Mileage	Failure Speed	Failure Location
				<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front <input type="checkbox"/> Rear

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make/Brand: **Copper Discover Radial STE** The Model/Line: [Redacted] Tire Name: [Redacted] Tire Size (Example: P215/65R16): **LT265/75R16**

Failed Structure:  Tread  Sidewall  Bead DOT No. (Example: DOT MALBAC036 on sidewall): **UPWBC16027 H 71**

Failure Type:  Blowout  Blister  Crack  Torn  Tread-Separation  Road Hazard  Out of Round

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [Redacted] Date Manufactured: [Redacted] Model Number and Name: [Redacted]

Seat Type:  Infant  Booster  Integrated  Convertible  Other

Failed Part, Describe Failure Below:  Base  Harness/Buckle  LATCH Connector  Shell  Handle  Other

Installed in Vehicle using the:  Vehicle safety belt  LATCH system\* (\*Vehicle info required)

**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** Police Report No.: **0**

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

*I was driving on HWY 84 West when the back driver side back tire blew out and got up under the fender and flipped the truck over in a field and landed on its side. They had to cut the windshield out to get me out. I was lucky and didn't get hurt.*

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-386-7882