



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 100148

Date Rec'd 2:46

Repository ☐

03-OCT-2005

Reference No.
10138384

OWNER INFORMATION (Type or Print)

Name ☐ Address ☐ City BAKERSFIELD State CA 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 10/19/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2GCEC19V51 ☐

Make

CHEVROLET

Model

SILVERADO

Model Year

2001

Date Purchased

2-9-03

Dealer's Name and Telephone Number
THREE WAY CHEVROLET 881-283-3550

Engine:

No. Cylinders 8

Fuel Type:

Gas

Original Owner ☐

Dealer's City

BAKERSFIELD

State

CA

Zip Code

93309

Transmission Type

AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

4 WHEEL DRIVE

Vehicle Component Code

141000 AIR BAGS:FRONTAL

Multiple Failures: 4

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JUN-2005 Failure Mileage Failure Speed 15-25 Air bag driver side

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make Tire Model (Name or Number) Tire Size (Example P215/B5R15)

DOT No. (Example: DOTM1A8ABC036)

☐ 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(es).)

Crash ☒ Yes ☐ No Fire ☐ Yes ☒ No Number of Persons Injured 1 Number of Deaths 0 Reported to Police Y

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

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).

THERE WAS AN ACCIDENT ON JUNE 1, 2005. UPON IMPACT, THE DRIVER'S SIDE FRONTAL AIRBAG FAILED TO DEPLOY. THE PASSENGER SIDE AIRBAG HAD BEEN TURNED OFF. THE DRIVER SUSTAINED MINOR INJURIES. THE CONSUMER'S VEHICLE HIT ANOTHER FROM THE FRONT. A POLICE REPORT WAS TAKEN. NO AIRBAG WARNING LIGHT CAME ON. *AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

This Privacy Act of 1974-Public Law 93-578 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)

Was traveling approximately 15-25 mph Hit a parked trailer on driver side and airbag didn't deploy. The repairs haven't been made so I don't have receipts. I do have police report.

ATTACH ADDITIONAL SHEETS IF NECESSARY

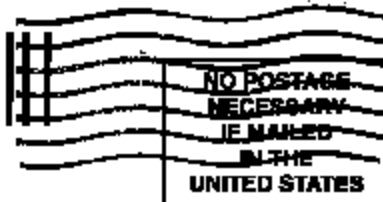
U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use \$300

Comprehensive Blood & Cancer Center
6501 Truxtun Avenue
Bakersfield, CA 93309



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



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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www.nhtsa.dot.gov/offline

BAKERSFIELD POLICE DEPARTMENT

OFFICERS WILL NOT DETERMINE FAULT ON ROADSIDE TESTS

DATE AND TIME FRAME: _____

DESCRIPTION OF DAMAGE CAUSED BY SUSPECT VEHICLE:

VEHICLE # _____

LOCATION AND DESCRIPTION: _____

HEIGHT AND WIDTH OF DAMAGE: _____

PAINT OR OTHER TRANSFER: _____

VEHICLE # _____

LOCATION AND DESCRIPTION: _____

HEIGHT AND WIDTH OF DAMAGE: _____

PAINT OR OTHER TRANSFER: _____

OTHER DAMAGE: _____

V-1 CROSSED CENTER LINE OF BEITON ST
AND STRUCK THE REAR OF V-3. V-3 IS
A GARDENING TRAILER TOWED BY V-2.
V-2 AND V-3 WERE DOUBLE PARKED THE
WRONG WAY.

OFFICER/ BADGE

PROPERTY SEIZED NO ☐ YES ☐ DESCRIBE ABOVE

STATES THAT IF DAMAGE EXCEEDS \$500, YOU OR YOUR COMPANY MUST SUBMIT A STATE DAMAGE REPORT (SDR)