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Form Approved OMB No. 2127-0008



Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

888-327-4228
www.safercar.gov

OWNER INFORMATION (Type or Print)

Name: [Redacted] Apt. No.: [Redacted]
 Street: [Redacted] City: Red Oak State: TX Zip Code: [Redacted]
 Daytime Telephone Number: [Redacted]
 Evening Telephone Number: SAME
 Email: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
 or during a defect investigation or when you make a complaint about
 in the absence of a recall or recall performance on your vehicle.
 Signature of Owner: [Redacted] Date: 12/20/05

VEHICLE INFORMATION

17 Digit Vehicle Identification Number located at bottom of windshield on driver's side: 1GCAK23762F
 Make: CHEVY Model: P/U Year: 2004 Current Mileage: 71285
 Date Purchased: 2004 Dealer's Name and Telephone Number: FAIRBANK'S CHEVY Engine: [Redacted] Fuel Type: Diesel Hybrid Gas Other
 Dealer's City: DESOTO State: TX Zip Code: [Redacted] No. Cylinders: 2
 Original Owner
 Transmission Type: Manual Automatic
 Anti-lock Brakes Cruise Control
 2x4-wheel Drive Front-wheel Drive Four-wheel Drive
 Rear-wheel Drive Four-wheel Drive

FAILED COMPONENT(S) (Type or Print)

Component Name: TIRE Incident Date(s): OCT 2005 Failure Mileage: 68025 Failure Speed: 60 Failure Location: Driver Passenger Front Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: Goodyear Tire Model/Line: DISCOVER Tire Size (Example: P215/65R112): LT 245/75R16
 Tread Sidewall Bead
 Blowout Skid Crack Tear Tread Separation Punct. Hazard Out of Round
 Original Equipment Prior Repair
LPWS CSL 1703

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Model Number and Name: [Redacted]
 Infant Booster Integrated Convertible Other
 Base Harness/Booster LATCH Connector Shell Handle Other
 Vehicle safety belt LATCH system
 *Vehicle info required

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), date(s), crash(es), and injury(ies).)
 Occurrence: Crash No Crash Fire No Fire No Fire
 Number of Persons Injured: 0 Number of Deaths: 0 Police Report No.: [Redacted]

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies):
BELT SEPARATION, TREAD CAME OFF TIRE @ about 60 MPH.
DAMAGED LEFT REAR FINGER WELL

The Privacy Act of 1974 - Public Law 93-579. This information is requested pursuant to 49 U.S.C. Chapter 501. 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 202-366-7662

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