



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

Date Received 01-AUG-2008	Repository <input type="checkbox"/>
	Reference No. 10236677

OWNER INFORMATION (Type or Print)

Name	Address	City SHAFTER	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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GCEC19K0R		Make CHEVROLET	Model PICKUP	Model Year 1994
Date Purchased 1994	Dealer's Name and Telephone Number RICHLAND CHEV		Engine: No: Cylinders 8	Fuel Type: GAL
Original Owner <input checked="" type="checkbox"/>	Dealer's City SHAFTER, CA	State CA	Zip Code 93703	
Transmission Type AUTU	<input type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 5.7L	Vehicle Component Code 130000 VISIBILITY	
Multiple Failure:				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-JUL-2006	Failure Mileage 70000	Failure Speed 0	
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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: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 (ies).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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).

TL*THE CONTACT OWNS A 1994 CHEVROLET PICKUP. THE CONTACT STATED THAT WHILE ATTEMPTING TO ACTIVATE THE WINDSHIELD WIPERS, THEY FAILED TO WORK. INTERMITTENTLY, AFTER SEVERAL MINUTES, THE WIPERS MAY FUNCTION PROPERLY; HOWEVER, IT IS DIFFICULT TO DETERMINE BECAUSE THEY ARE NOT USED OFTEN. THE LOCAL DEALER AND MANUFACTURER BOTH STATED THAT THE VIN WAS NOT INCLUDED IN THE RECALL. THE RECALL NUMBER WAS UNKNOWN. THE FAILURE MILEAGE WAS 70,000 AND CURRENT MILEAGE WAS 74,000.

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