



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 Received<br>22-JAN-2010 | Repository <input type="checkbox"/> |
|                              | Reference No.<br>10301837           |

**OWNER INFORMATION (Type or Print)**

|         |        |       |    |                          |                |
|---------|--------|-------|----|--------------------------|----------------|
| Name    |        |       |    | Daytime Telephone Number | E-mail Address |
| Address |        |       |    | Evening Telephone Number |                |
| City    | ATHENS | State | MI | Zip Code                 |                |

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

**VEHICLE INFORMATION**

|   |   |                    |                          |                                 |
|---|---|--------------------|--------------------------|---------------------------------|
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br><b>IGNDV231380</b> |   | Make<br>CHEVROLET  | Model<br>UPLANDER        | Model Year<br>2008              |
| Date Purchased<br><b>Oct. 17th 2009</b>   | Dealer's Name and Telephone Number<br><b>Heritage Chevrolet</b> |                    | Engine:<br>No: Cylinders | Fuel Type:                      |
| Original Owner<br><input type="checkbox"/>  | Dealer's City<br><b>Battle Creek</b>                            | State<br><b>MI</b> | Zip Code<br><b>49015</b> |                                 |
| Transmission Type<br><b>Auto</b>  | <input checked="" type="checkbox"/> Antilock Brakes             | Powertrain         | Multiple Failure:        | Incident Date(s)<br>18-DEC-2009 |
|   | <input checked="" type="checkbox"/> Cruise Control              |                    |                          |                                 |

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

|   |                          |                    |
|---|--------------------------|--------------------|
| Vehicle Component Code: 137000 VISIBILITY: REAR WINDOW WIPER/WASHER | Failure Mileage<br>48000 | Failure Speed<br>0 |
|---|--------------------------|--------------------|

**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: DOTM9ABC036) | <input type="checkbox"/> Original Equipment<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Deaths | Reported to Police<br>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).

TL\*THE CONTACT OWNS A 2008 CHEVROLET UPLANDER. THE CONTACT STATED THAT BOTH WATER PUMPS HAVE A HOLE IN THEM AND FAILED TO OPERATE NORMALLY. THE WINDSHIELD WASHER FLUID BEGAN LEAKING ON THE GROUND. A LOCAL MECHANIC REPLACED BOTH OF THE WATER PUMPS. THE WARRANTY EXPIRED; THEREFORE, THE DEALER OR MANUFACTURER WERE NOT NOTIFIED. THE VIN WAS UNAVAILABLE. THE FAILURE MILEAGE WAS 48,000.

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 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)**

Both washer pumps had holes in them and were  
leaking

Now the low tire comes on after driving about 80 mi.  
but the tires are at the right pressure

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

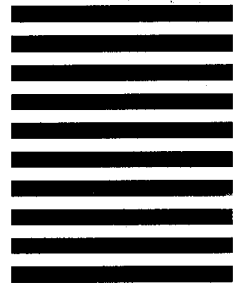
**National Highway  
Traffic Safety  
Administration**

1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382

Official Business  
Penalty for Private Use \$300



**NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES**



**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

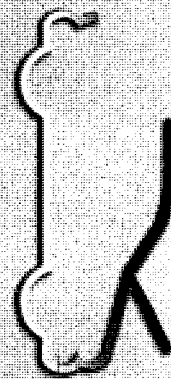
POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-210  
1200 New Jersey Avenue SE.  
Washington, D.C. 20077-9382**



**SAFERCARGOV**

**Think your vehicle  
has a safety defect?**



**If so:**

**Use the enclosed  
form to file a report.**

**or visit:**

**www.safercar.gov**

**or call:**

**Vehicle Safety Hotline  
888-327-4236**



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