


AUTO SAFETY HOTLINE VEHICLE OWNER'S QUESTIONNAIRE		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-800-424-9393 DC METRO AREA 202-366-0123		DATE RECEIVED RECEIVED 00 JAN 14 AM 10:17 OFFICE OF SAFETY INVESTIGATION REFERENCE NO. 550416 DAY TIME TELEPHONE (Area Code and Number)	
OWNER INFORMATION (TYPE OR PRINT)			
NAME and ADDRESS <div style="background-color: black; width: 100%; height: 40px;"></div>			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.			
SIGNATURE OF OWNER <div style="background-color: black; width: 100%; height: 20px;"></div>		DATE 1/7/00	
VEHICLE INFORMATION			
VEHICLE IDENTIFICATION NO.* JGCGV24K4HF330322		VEHICLE MAKE CHEVY P.U.	VEHICLE MODEL V-20/4X4
MODEL YEAR 1987		*LOCATED AT BOTTOM OF WINDSHIELD ON DRIVER'S SIDE	
CURRENT ODOMETER READING 35,000	DATE PURCHASED 1986 <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	DEALER'S NAME, CITY & STATE BASS CHEVROLET Warrensville Hts. Ohio	
ENGINE SIZE (CID/OCL) 350		NO. CYLINDERS 8	
<input type="checkbox"/> TURBO <input checked="" type="checkbox"/> DIESEL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> FUEL INJECTN			
TRANSMISSION TYPE <input type="checkbox"/> MANUAL <input checked="" type="checkbox"/> AUTOMATIC	ANTILOCK BRAKES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	RESTRAINT SYSTEM <input type="checkbox"/> DRIVERSIDE AIRBAG <input type="checkbox"/> MOTORBELT <input type="checkbox"/> PASSENGERSIDE AIRBAG <input checked="" type="checkbox"/> 3-POINT BELT <input type="checkbox"/> 2-POINT BELT	CRUISE CONTROL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DRIVETRAIN <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> 4-WHEEL	BODY STYLE STAWAG _____ HATCH BK _____ 4 DR _____ VAN _____ 2 DR _____ PK UP TRK <input checked="" type="checkbox"/> OTHER _____		
FAILED COMPONENT(S)/PART(S) INFORMATION (REPORT TIRE INFORMATION ON BACK)			
COMPONENT BRAKES	PART NAME(S) Lines Lock up uneven when brakes applied	LOCATION <input type="checkbox"/> LEFT FRONT <input type="checkbox"/> RIGHT REAR	FAILED PART(S) <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REPLACEMENT
NO. OF FAILURES 1988 - on to present	DATE(S) OF FAILURE(S) _____ MILEAGE AT FAILURE(S) _____ VEHICLE SPEED AT FAILURE(S) _____	MANUFACTURER CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	NHTSA PREVIOUSLY CONTACTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
APPLICABLE ACCIDENT INFORMATION			
ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO	FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER PERSONS INJURED _____	NUMBER OF FATALITIES _____
PROPERTY DAMAGE EST\$ _____		POLICE REPORTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
NARRATIVE DESCRIPTION OF FAILURE(S), ACCIDENT(S), INJURY(IES)			
Recently Sold, it squeaked, moaned, Pultsated, Pulted, at any speeds, Road Conditions, -even after total rebuild of entire system by tubby Brakes & muffler in 1999.			
CONTINUE ON BACK IF NEEDED			
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 NHTBA 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.	