



US Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-00T
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

POSTED

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Date Received

Reference No. 551204

OFFICE DEFECTS DIVISION

551204

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Daytime Telephone Number

[Redacted 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

[Redacted Signature]

Date 2/22/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (Located at bottom of windshield on driver's side) <u>DESTROYED</u>		Make <u>Chevy</u>	Model <u>Pick-up</u>	Year <u>1992</u>
Purchased Date <u>1995</u>	Dealer's Name <u>Allen Samuels</u>		Engine Size (CID/CCA) <u>350</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City <u>Waco</u>	State <u>TX</u>	Zip Code ?	No. Cylinders <u>8</u>
Manufacture Date (on driver's door or piler)	Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Passenger's Side Air Bag <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <u>EXT. CAB</u>		Sport Utility <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip. <input type="checkbox"/> Yes <input type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

STARTED smoking and the smell of rubber burning at dash around center of radio

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. 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 administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.