
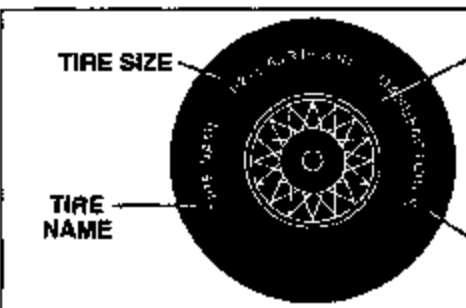


|  U.S. Department of Transportation National Highway Traffic Safety Administration | | DOT Auto Safety Hotline Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECT 1-888-DASH-2-DOT 1-866-327-4238 INTERNET: http://www.nhtsa.dot.gov | | FOR AGENCY USE ONLY Date Received _____ 02 MAR 00 11:21:07 OFFICE INVESTIGATION Reference No. 551620 Daytime Telephone Number _____ | | |
|--|---|--|--|--|--|--|
| OWNER INFORMATION (Type or Print) | | | | DEFECTS | | |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. | | | | Signature of Owner _____ Date <u>3/25/00</u> | | |
| VEHICLE INFORMATION | | | | | | |
| Vehicle Ident. No. (VIN) (17 Digits) <u>1GCCS1441X8123540</u> | | Vehicle Make <u>Chev</u> | Vehicle Model <u>S-10 PICKUP</u> | Vehicle Year <u>1999</u> | Current Odometer Reading <u>12961</u> | |
| Purchased Date <u>5/4/99</u> | Dealer's Name <u>BILL LUKE CHEV-OLDS</u> | | Engine Size (CID/CCL) <u>4</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection | <input type="checkbox"/> No. Cylinders | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's City <u>KENNETT SQUARE</u> | State <u>PA</u> | Zip Code <u>17348</u> | <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other | |
| <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other | FAILED COMPONENT(S)/PART(S) INFORMATION | | | | | |
| Component <u>ENGINE</u> | Part Name(s) <u>ENGINE RACES 2000 RPM</u> | | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| No. of Failures <u>500</u> | Date(s) of Failure(s) <u>EVERY DAY SINCE NEW</u> | | Mileage at Failure(s) <u>5 MPH</u> | Vehicle Speed at Failure(s): <u>5 MPH</u> | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| APPLICABLE INCIDENT INFORMATION | | | | | | |
| Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form. | | | | | | |
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number Persons Injured | Number of Fatalities | Estimated Property Damage \$ _____ | Reported In Police <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE) | | | | | | |
| To report one or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters). Note: This information not required for normal operation tires. | | | | | | |
| DOT | _____ | Manufacturer | Tire Name | Complete Tire Size | | |
|  | | | U.S. DOT safety standard code The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire. | | | |
| 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 administration 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)

ENGINE RACES AT 2000 + 2500 RPM IN SLOW TRAFFIC + PARKING LOTS - IT WILL NOT REV DOWN TO LOW SPEED UNLESS YOU COME TO A COMPLETE STOP. I HAVE HAD IT TO 2 DEALERS + CALLED THE FACTORY REP SEVERAL TIMES - THEY CAN NOT FIX IT. TRUCK RUNS AWAY - VERY DANGEROUS

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline. NSA-10.1 400 7th Street, SW Washington, DC 20590

20590+0001



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.doc.gov/vtr hotline



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

POSTED
24-Hour Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4238
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

Date Received: 00 MAR 00 PM 12:07
Office: INVESTIGATION
Reference No.: 551620

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

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] Date: 3/25/00

VEHICLE INFORMATION

| | | | | | | | | |
|---|--|--|--|--|---|--|---|--|
| Vehicle Ident. No. (VIN) (17 Digits) 1G CC51441X 8123540 | (Located at bottom of windshield on driver's side) | Vehicle Make Chev | Vehicle Model 5-10 PICKUP | Vehicle Year 1999 | Current Odometer Reading 12961 | | | |
| Purchased Date 5/4/99 | Dealer's Name BILL LUKE CHEV-OLDS | Engine Size (CID/CC/L) 4 | State PA | Zip Code 17348 | No. Cylinders 4 | | | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's City KENNETT SQUARE | Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt | Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------|--|---|---|
| Component ENGINE | Part Name(s) ENGINE RACES 2000 RPM | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures 500 | Date(s) of Failure(s) EVERY DAY | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Mileage at Failure(s) SINCE NEW | | |
| | Vehicle Speed at Failure(s) 5 MPH | | |

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form

| | | | | | |
|---|--|------------------------|----------------------|---------------------------------|--|
| Crash <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input type="checkbox"/> No | Number Persons Injured | Number of Fatalities | Estimated Property Damage \$ | Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|------------------------|----------------------|---------------------------------|--|

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

| | | | |
|-----|--------------|-----------|--------------------|
| DOT | Manufacturer | Tire Name | Complete Tire Size |
|-----|--------------|-----------|--------------------|

U.S. DOT safety standard code
The number may be on the inner side of the tire and have up to 11 letters and numbers. Usually located near rim flange on side opposite whitewall or on either side of blackwall tire.

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