



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

Date Received

COPIED

RECEIVED

SEP 14 PM 2:19

od or  
dt  
mtr

Reference No.

## OWNER INFORMATION (Type or Print)

Name

OFFICE,  
DEFECTS INVES

554628

Daytime 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

## PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) 1G BFG 15M 6T 1000322		Make CHEVROLET	Model CONVERSION VAN	Year 1996
Purchased Date APRIL 22/97	Dealer's Name G.M. INC. CHEVROLET GOOD BOSTON STATE R.	Engine Size (CID/GDI) 2	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City BOSTON NEW YORK	State N.Y.	Zip Code 14025	No. Cylinders 2
Manufacture Date (on driver's door or pillar) COULONT P. NO ONE	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Unverside Air Bag <input type="checkbox"/> Motorist <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Crash 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other CONVERSION		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 VAN		

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

Part Name(s) N/A	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
---------------------	------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured NONE	Number of Fatalities NONE	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------	------------------------------	-------------------------------------------------------------------------------------------------

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Reported To G.M. INC. CASE # C01327474 ON 27 April 2000  
KAY F RAASE CO-OWNER WAS DRIVING ON WEST BECKER RD APPROX  
12:00-NOON- WHEN SHE HEARD A WHOOSH NOISE AT THIS TIME TIRE  
CONVERSION ROOF COMPLETELY BLEW OFF THE CONVERSION VAN  
LANDING IN THE MIDDLE OF THE ROAD. THE CONVERSION VAN WAS A  
PRODUCT OF CLK ENTERPRISES WHO WAS BOUGHT OUT BY CLK MOTOR IN  
CLK HORT INDIANA. THERE WAS NO HARDWARE AT ALL THE CONVERSION  
VAN ROOF WAS ONLY HELD ON BY A CEMENT USED FOR WINDSHIELDS

Continues on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to a49 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.

Mail postage free or fax to 202-366-7882

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Dan Basetzi of CLK Motor Inc stated to me this was their construction method for four years that means there is a lot more converted vans that could do the same thing any next time it won't be a back country road. What if a root blows off a conversion van on a Super Highway 90, 80, 70, or 40 GOD KNOWS How many injuries or fatalities could be caused. Note pictures in chase.

I also had a interview with Mrs Mary Travers of Channel 7 NEWS which aired the 6th of Sept 2000. Some one has to warn the public being T.A.M. getting absolutely NO response from CLK Motor Inc or GMC. CLK motor 1-800-289-3551 or 219-264-0268. Mr Dan Basetzi or owner Mr Jim Brown CLK Motor Inc. ATTACH ADDITIONAL SHEETS IF NECESSARY. CLK Motor Inc did replace the conversion top & center light THATS ALL. NOT COMPLETE.

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  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

Complete and return or place in your car manual for future use



**VEHICLE OWNER'S QUESTIONNAIRE (VQQ)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

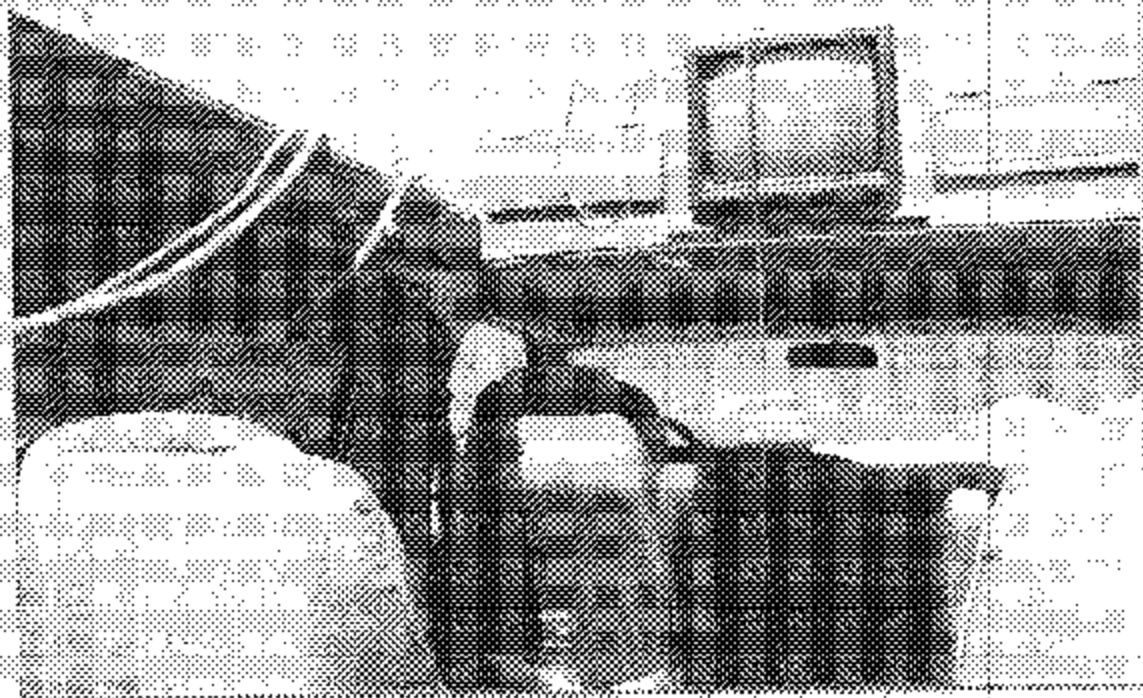
1-888-327-4236

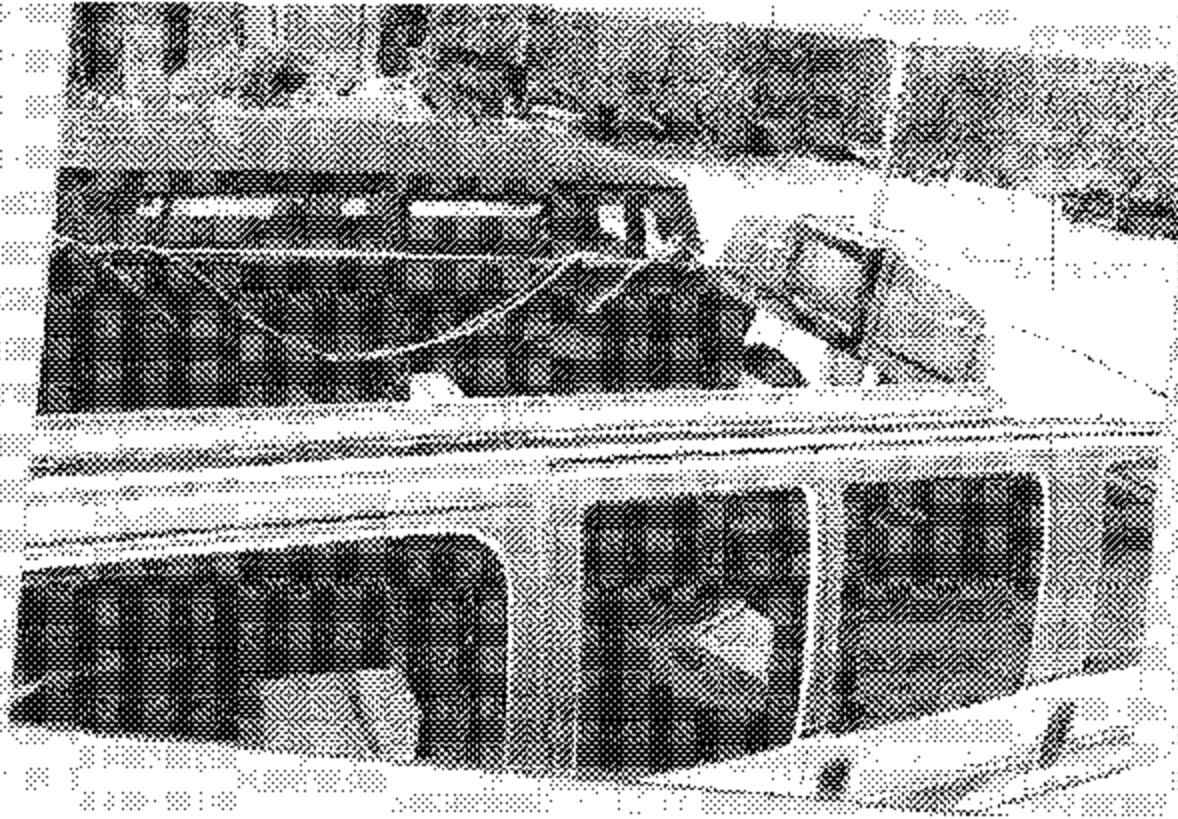
DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)





NEW YORK STATE INSURANCE IDENTIFICATION CARD

COMPANY CODE  
3 2 8 State Farm Mutual Automobile Insurance Company

An authorized NEW YORK insurer has issued an Owner's Policy of Liability Insurance complying with Article 6 (Motor Vehicle Financial Security Act) of the NEW YORK Vehicle and Traffic Law to:

POLICY NUMBER  
LJF 6542-122-074



EFFECTIVE DATE  
APR 22 2009  
EXPIRATION DATE  
OCT 23 2009

AGENT PHONE # (716) 583-3253

Office holding this card  
NORTH ATLANTIC OFFICE  
102 North Park Plaza  
Rochester, New York 14621

*J. Louis Boudel*  
Authorized Agent

1017L VOL

Applicable with respect to the following Motor vehicle  
Year Make  
1994 CHEVROLET  
Vehicle Identification Number  
1GRTG79M2Y1908522

5710-RYS

8-C  
SYS DEMO