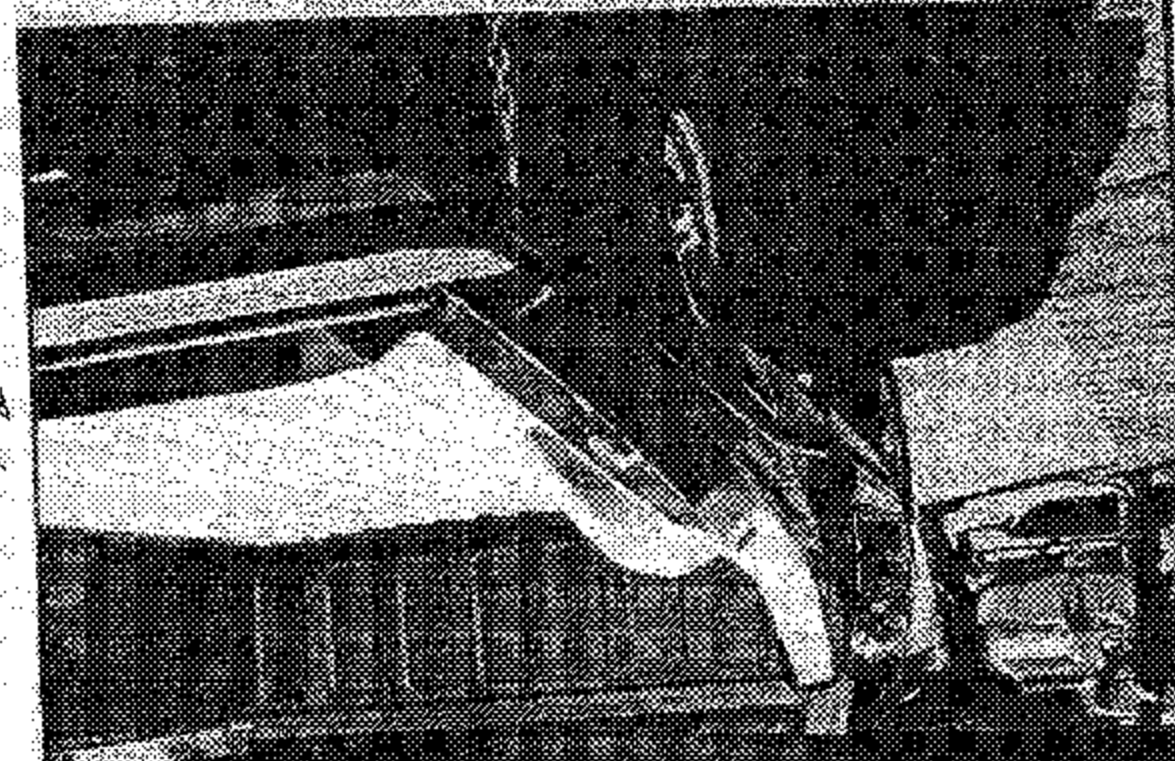


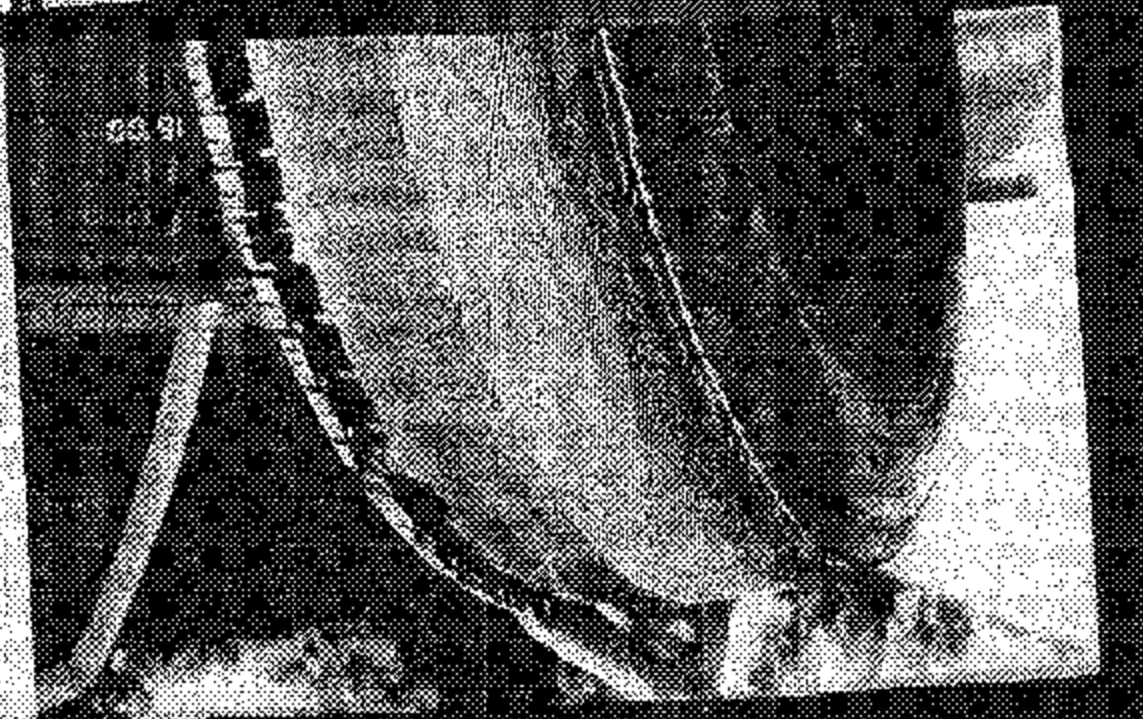
27-11-19
1/2 mile from
the house
at the
end of the
road

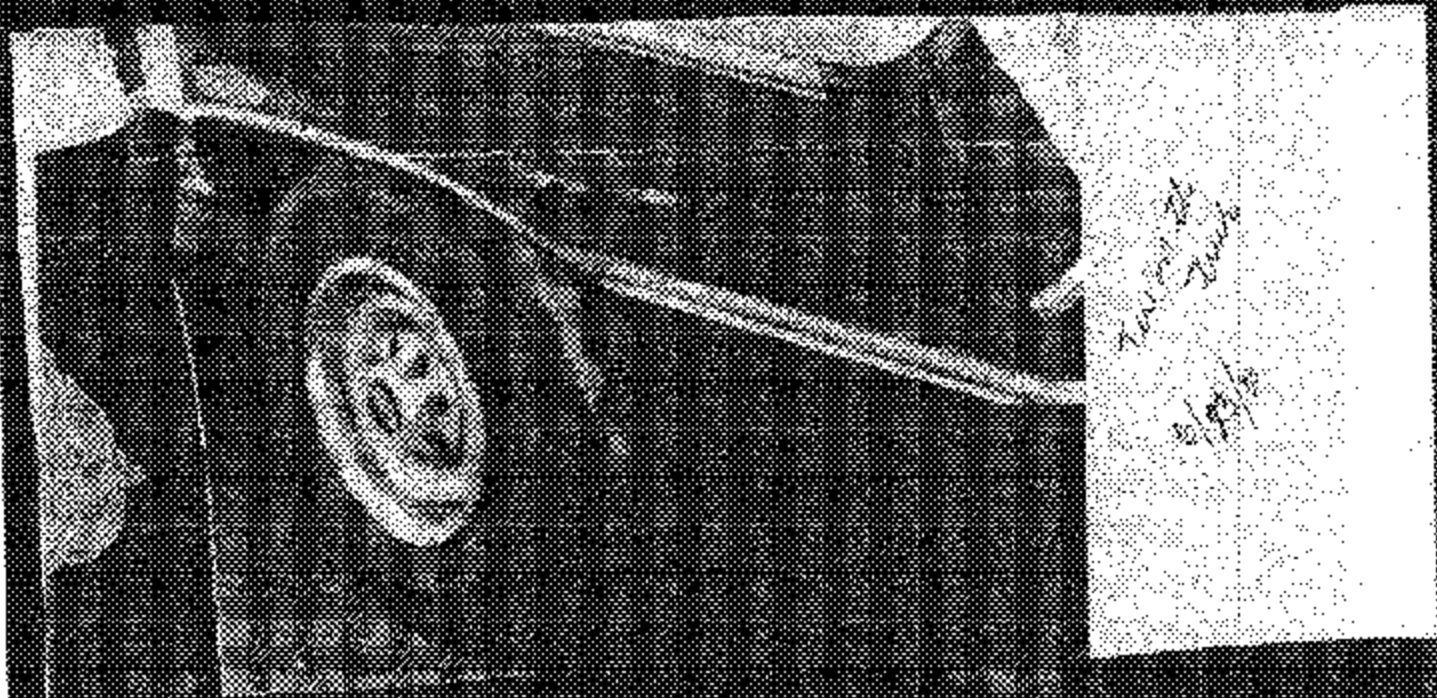


1/2 mile from
the house
at the
end of the
road

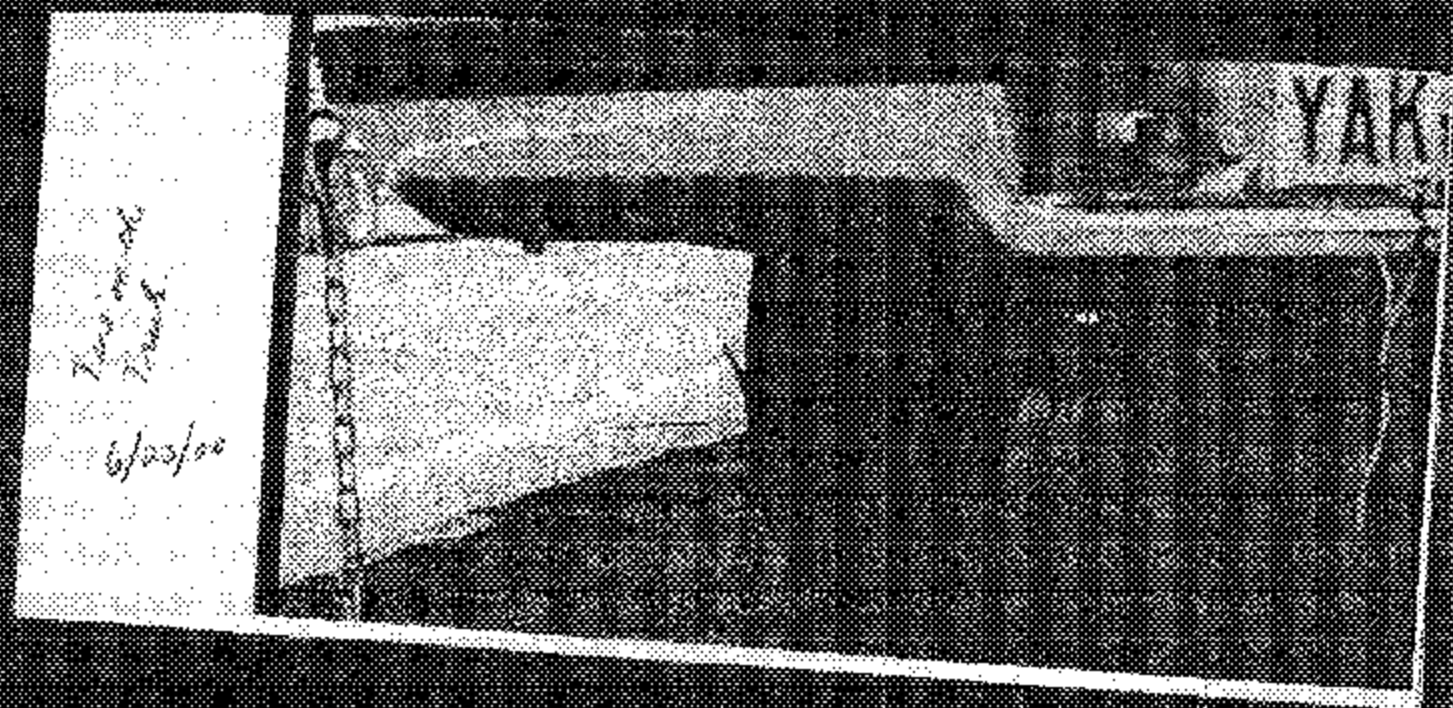


1/2 mile from
the house
at the
end of the
road





Hand made
T-shirt
6/20/00



Hand made
T-shirt
6/20/00

YAK



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

COPIED
RECEIVED
FEB 13 AM 11:02
OFFICE DEFECTS INVESTIGAT
559626

Od. or n. dt. c. rt. s. p. r.
Reference No.

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: [Redacted] State: [Redacted] Zip: [Redacted]
Daytime Telephone Number: [Redacted]

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: 2/15/02

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 1GCBC24K3NE188598		Make Chevrolet	Model S10	Year 92		
Purchased Date 1992	Dealer's Name DAMES Chev.	Engine Size (CID/CC/L) 4/2000	<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 POTTSWOM	State PA	Zip Code 19464	No. Cylinders 4		
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) TIRE	Location <input checked="" 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 AMERICAN GENERAL	Tire Name American General - Max 5	Complete Tire Size 16" 10 ply
No. of Failures 1	Date(s) of Failure(s) 6/23/00	Mileage at Failure(s) 29,954.09
Vehicle Speed at Failure(s) 55 mph on hwy	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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).

Traveling 595 - near White Marsh Rd. Tread began to come off the left back wheel - causing the truck to swerve - Road back to right - from one side to the other - Cargo which was on the back of the truck - Chemi. Mbrs + Cargo fell off - Tearing the side panel - small complete loss of the truck - Cargo was totaled - Truck side + bed were replaced - Repair bill rec-tured.

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.