



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

od.
r.
od.
up.
llr

Reference No.

560231

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Street: [Redacted]
City: [Redacted]

Dealer 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 2/7/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) [Redacted]		Make <u>Chevrolet</u>		Model <u>T18 SL</u>	Year <u>1996</u>
Purchased Date <u>2-13-99</u>	Dealer's Name		Engine Size (CID/CCA)	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City <u>Portland</u>		No. Cylinders	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
State <u>IN</u>	Zip Code	Transmission Type	<input checked="" type="checkbox"/> Manual	<input type="checkbox"/> 2-Door	<input type="checkbox"/> 4-Door
Manufacture Date (on driver's door or adjacent) <u>No Date Built in Spartan N.J.</u>	Restraint System	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Driver's Side Air Bag	<input type="checkbox"/> Side-impact	<input type="checkbox"/> Roll-over Protection
	<input type="checkbox"/> Passenger Side Air Bag	<input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Pick-up Truck	<input type="checkbox"/> Other <u>SUV</u>
	Cruise Control	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Van	<input type="checkbox"/> Truck
	Drivetrain	<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Minivan	<input type="checkbox"/> Motorcycle
	Vehicle Type	<input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): <u>Ball joint upper (on driver side)</u>	Locator	Failed Part(s)	Handicap Adaptive Equip
	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		

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?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Vehicle Speed at Failure(s)	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	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Turned into parking lot. Loud noise. I reverse side front tire sitting with bag toward SUV, bottom of tire started away from SUV. Tire came off SUV. The left upper ball joint broke. I requested all ball joint be checked. reported all other ball joints were not flexible. I had all ball joints replaced. And I have the originals ball joints that were taken off the SUV. I was told ignition gummies were noted for ball joint breaking. Car was never driven off road. Mileage was 52,585

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 249 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.

If we had been driving in the highway or streets wheel dropped off 4 people could have been dead!!
Mail postage free or fax to 202-366-7882

Bill Gaddis Chrysler-Plymouth-Dodge, Inc.



1717 Wheeling Ave.
Telephone 289-2361
MUNCIE, INDIANA 47303

<input type="checkbox"/> CHRYSLER POWER TRAIN		<input type="checkbox"/> CHRY. SERV. CONT.		<input type="checkbox"/> AUTO OWN. SERVICE CONTRACT		DEALER CODE 41-88158	
WARRANTY CLAIM NO.		AUTO OWNER CONT. NO.		AUTO OWNER APP. NO.		AUTO OWNER AMT. DUE	
<input type="checkbox"/> NO-PAR WARRANTY REPAIR ORDER		<input type="checkbox"/> TRANSPORTATION CLAIM		SALES VEHICLE RECEIVED		MESSAGE CODE	
MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED] YEAR: [REDACTED]		<input type="checkbox"/> NOT ACCEPTED RETURN <input type="checkbox"/> NOT TO DLR	
<input type="checkbox"/> CP <input type="checkbox"/> WRO <input type="checkbox"/> RECALL <input type="checkbox"/> FREIGHT <input type="checkbox"/> SCC				<input type="checkbox"/> DEFERRABLE \$		<input type="checkbox"/> WILL BE DUE	
ADJUSTER: [REDACTED] LICENSE NO: [REDACTED]		CAPTION: [REDACTED]		ANCHOR DATE: 07/21/00		INVOICE NO: LMC63608	
MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]	
MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]	
MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]		MAKE: [REDACTED] MODEL: [REDACTED]	

LABOR & PARTS JOB # 1 02CHZZ SUSPENSION HOURS: 5.20 TECH(S)1304 OWNER REPORTS LEFT FRONT WHEEL WILL NOT TURN & TRUCK WILL NUKE CHECKED FRONT END, FOUND LEFT UPPER BALL JOINT IS BROKEN OWNER REQUESTS ALL SUSPENSION PARTS BE CHECKED REPLACED UPPER & LOWER BALL JOINTS CHECKED ALL FRONT END PARTS NO PROBLEMS FOUND AT THIS TIME		286.00																								
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MISC--CODE--DESCRIPTION--CONTROL NO-- JOB # A HW HAZARDOUS WASTE DISPOSAL		1.00																								
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