



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

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
**REPORT VEHICLE SAFETY DEFECTS**  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

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Reference No.

561298

**OWNER INFORMATION (Type or Print)**

Name  
Street  
City  
State  
Zip  
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 5/14/01

**PRODUCT INFORMATION**

|   |   |   |  |  |
|---|---|---|--|--|
| Vehicle Identification No. (VIN)<br>(17 Digits)<br><u>1G1CCS1942VR103285</u>  |   | Make<br><u>Chevrolet</u>  | Model<br><u>S10</u>  | Year<br><u>1997</u>  |
| Purchased Date<br><u>1-6-01</u>   | Dealer's Name<br><u>East Tennessee Nissan</u>   |   | Engine Size (CID/CC/L)<br><u>2.2</u>   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used   | Dealer's City<br><u>Morrisstown</u>   | State<br><u>TN</u>  | Zip Code<br><u>37814</u>   | No. Cylinders<br><u>4</u>  |
| Manufacture Date<br>(on driver's door or pillar)<br><u>Unavailable</u>  | Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Restraint System<br><input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbot<br><input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> 3-Point Belt | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drivetrain<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                       |
| Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |   | Body Style<br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door<br><input type="checkbox"/> StationWagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other                                 |  |  |

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

|   |   |  |   |
|---|---|--|---|
| Part Name(s)<br><u>Driverside Air Bag</u> | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement | Handicap Adaptive Equip<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|---|---|--|---|

**TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

|                 |  |   |
|-----------------|--|---|
| Tire Brand      | Tire Name  | Complete Tire Size  |
| No. of Failures | Date(s) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s): | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                 |  | NHTSA Previously Contacted?<br><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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><u>0</u> | Number of Fatalities<br><u>0</u> | Reported to Manufacturer<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------------------|----------------------------------|---|

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). 3-27-01 Tuesday at 12:05 p.m.:  
I was traveling north on Hwy 25E when my vehicle dropped off the pavement into the gravels causing the vehicle to turn sideways back on to the pavement and hitting an embankment on the other side of the road and then turning the vehicle on its side in the highway. No other vehicles were involved.

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.

Mail postage free or fax to 202-366-7882