

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

Auto Safety Hotline

## Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

05-MAR-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

741978

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

|   |                 |               |              |                          |
|---|-----------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Location at bottom of<br/>and/or above dashboard)</small> | Vehicle Make    | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GCDT19X1X8112400   | CHEVROLET TRUCK | S10           | 1999         |                          |

|   |                                       |                               |  |
|---|---------------------------------------|-------------------------------|--|
| Purchase Date<br>01-APR-2099  | Dealer's Name _____                   | Engine Size<br>(CID/CC/L) 4.3 | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____            |  |

|  |   |  |  |   |   |  |
|--|---|--|--|---|---|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input 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<br><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

|   |  |  |  |
|---|--|--|--|
| Component<br>07463000<br>12320000<br>12420000 | Part Name(s)<br>POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT<br>INTERIOR SYSTEMS:SEAT LATCH<br>INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|---|--|--|--|

|                    |  |  |  |
|--------------------|--|--|--|
| No of Failure<br>1 | Date(s) of Failure(s)<br>01-APR-2000<br>35020<br>Mileage at Failure(s) 0 | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------|--|--|--|

## APPLICATION INCIDENT INFORMATION

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

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

## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

SERVICE ENGINE LIGHT CAME ON SHORTLY AFTER PURCHASING TRUCK,IT TOOK SEVERAL TIMES BEFORE THE PROBLEM WAS CORRECTED,THEN WHEN VEHICLE GOT TO 50010 LIGHT CAME BACK ON. TOOK BACK TO DEALER THEY FIXED IT AGAIN. NOW IT COMES ON FOR A FEW DAYS THEN GOES BACK OFF.,THEN BACK ON AGAIN. SEAT RECLINER HANDLE BROKE OFF WHILE TRUCK WAS PARKED, AS WITH THE 3RD DOOR HANDLE ALSO. RIGHT FRONT WHEEL HUB BEARINGS WENT OUT DRIVING DOWN THE ROAD. SEEMS THAT EITHER OF THE COMPONENTS MENTIONED SHOULD HAVE NEVER HAPPENED WITH THE MILEAGE AND I BELIEVE THAT IT IS CAUSED BY A POORLY BUILT VEHICLE BY GENERAL MOTORS.MOST OF THE PROBLEMS BEGAN AFTER THE WARRANTY RAN OUT, WITH THE EXCEPTION OF THE SERVICE ENGINE SOON LIGHT WHICH IS AN ONGOING PROBLEM.

COPIED FROM NHTSA FILE # 1

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 administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.