



U.S. Department  
of Transportation  
**National 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

09-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
ip\_lr \_\_\_\_\_

Reference No.

750144

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>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make    | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GCHG35F711123965                                                                                | CHEVROLET TRUCK | G30           | 2001         |                          |

|                                                                                                       |                                                                                                                               |                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br>01-AUG-2000                                                                          | Dealer's Name _____                                                                                                           | Engine Size<br>(CID/CC/L) _____                                                                                                                                                                                                                                            | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                 | City _____ State _____ Zip Code _____                                                                                         | No Cylinders _____                                                                                                                                                                                                                                                         |                                                                                                                                                                                                             |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" 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 checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input checked="" 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 type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |                                                                          |                                                                                                                                          |                                                                                             |
|-----------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>07301000 | Part Name(s)<br>POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM      | 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>2    | Date(s) of Failure(s)<br>17-APR-2001<br>12837<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damag<br>0 | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------|

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

THE VAN WAS PARKED ON AN INCLINE AND THE ENGINE TURNED OFF. THE DRIVER LEFT THE VEHICLE AND WAS IN A RESIDENCE. APPROXIMATELY 10 MINUTES AFTER LEAVING THE VEHICLE HE HEARD A CRASH. HE WENT OUT SIDE TO FIND THE VAN ROLLED DOWN THE DRIVEWAY AND INTO A SMALL WOODS. BOTH THE DRIVER AND THE CUSTOMER CHECKED THE STEERING COLUMN AND THE VEHICLE WAS IN PARK. 2ND INCIDENT - THE DRIVER WAS PARKED IN A DRIVEWAY, WITH THE MOTOR RUNNING. HE FELT THE VEHICLE START TO ROLL BACKWARD AND THEN "IT CAUGHT ITSELF" BEFORE HE APPLIED THE BRAKE.\*AK

CONTINUE ON REVERSE

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.



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