



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 1362

Date Received

15-MAR-2002

Ord. or

rt\_dt

pd\_rt

rp\_lr

Reference No.

8005772

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) <small>(Location at bottom of windshield and driver's door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GCEC129M8TE10604	CHEVROLET TRUCK	C10	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 10410000	Part Name(s) VISUAL SYSTEMS:GLASS:WINDSHIELD	Location <input 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
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---------------------------	----------------------	--------------------------	--

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

WHILE DRIVING AND WITHOUT WARNING WINDSHIELD WIPERS WILL WORK INTERMITTENTLY, CAUSING DRIVER NOT TO HAVE A CLEAR VIEW. DEALER HAS BEEN NOTIFIED, AND STATED THERE WAS NOTHING WRONG WITH WINDSHIELD WIPERS. \*AK

COPIES OF THIS FORM ARE:

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.



# Vehicle Owner's Questionnaire (VOQ)

**NATIONWIDE 1-888-DASH-2-DOT**  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

**DEFECTS INVESTIGATION**  
OFFICE  
15-MAR-2002  
Date Received

**FOR AGENCY USE ONLY**  
1362  
Reference No. 8005772

## OWNER INFORMATION (Type or Print)

Work Number: 743732 Home Number: [Redacted]

Signature of Owner: [Redacted] Date: 3/17/02

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.

Vehicle Identification No. (VIN): 1GCEC129M8TE18004  
Vehicle Make: CHEVROLET TRUCK C10  
Vehicle Year: 1996

Purchase Date: [Redacted]  
Dealer's Name: Mattia Chevrolet  
City: Elyria State: OH Zip Code: [Redacted]

Transmission Type:  Manual  Automatic  
Antilock Brakes:  Yes  No  
Restraint System:  5-Point Belt  3-Point Belt  2-Point Belt  No  
Cruise Control:  Yes  No

Drive Train:  4-Wheel  Front  Rear  
Vehicle Type:  Car  Van  Other  Truck  Motorcycle  Sport Ute  
Body Style:  2-Door  4-Door  Stationwagon  Pick Up  Truck

Component: 10110000  
Part Name(s): VISUAL SYSTEMS:GLASS:WINDSHIELD  
Location:  Left  Right  Rear  Front  
Failed Part(s): Windshield wiper control module  
Failed Parts:  Original  Replacement

No of Failures: 3/17/02  
Date(s) of Failure(s): 3/17/02  
Mileage at Failure(s): 65,000  
Vehicle Speed at Failure(s): [Redacted]  
NHTSA Previously:  Yes  No

**APPLICATION INCIDENT INFORMATION**  
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

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

**VEHICLE INFORMATION**

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

**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)**

WHILE DRIVING AND WITHOUT WARNING WINDSHIELD WIPERS WILL WORK INTERMITTENTLY, CAUSING DRIVER NOT TO HAVE A CLEAR VIEW. DEALER HAS BEEN NOTIFIED, AND STATED THERE WAS NOTHING WRONG WITH WINDSHIELD WIPERS. ~~THE~~ THAT DESPITE A RECALL ISSUED FOR WIPER MOTOR FAILURES - IT DID NOT APPLY TO OUR VEHICLE.

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

Form Approved: O.M.B. No. 2127-0009

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

The wipers began to work intermittently - we took the truck to the repair shop - they indicated the recall should apply to our truck as the recall was issued for the exact problem (wiper control module) for similar trucks (same type built at the same time in the same plant)

This is a serious safety hazard as you never know when you will lose all visibility from the lack of windshield wipers.

Chery refused to make repairs

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



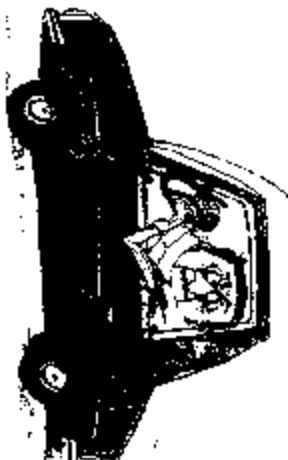
NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 7373 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
DOT Auto Safety Hotline, NSA-10.1  
400 7th Street, SW  
Washington, DC 20590



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration  
<http://www.nhtsa.dot.gov/online>



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM

OR

**DASH2DOT**

and dial toll free at

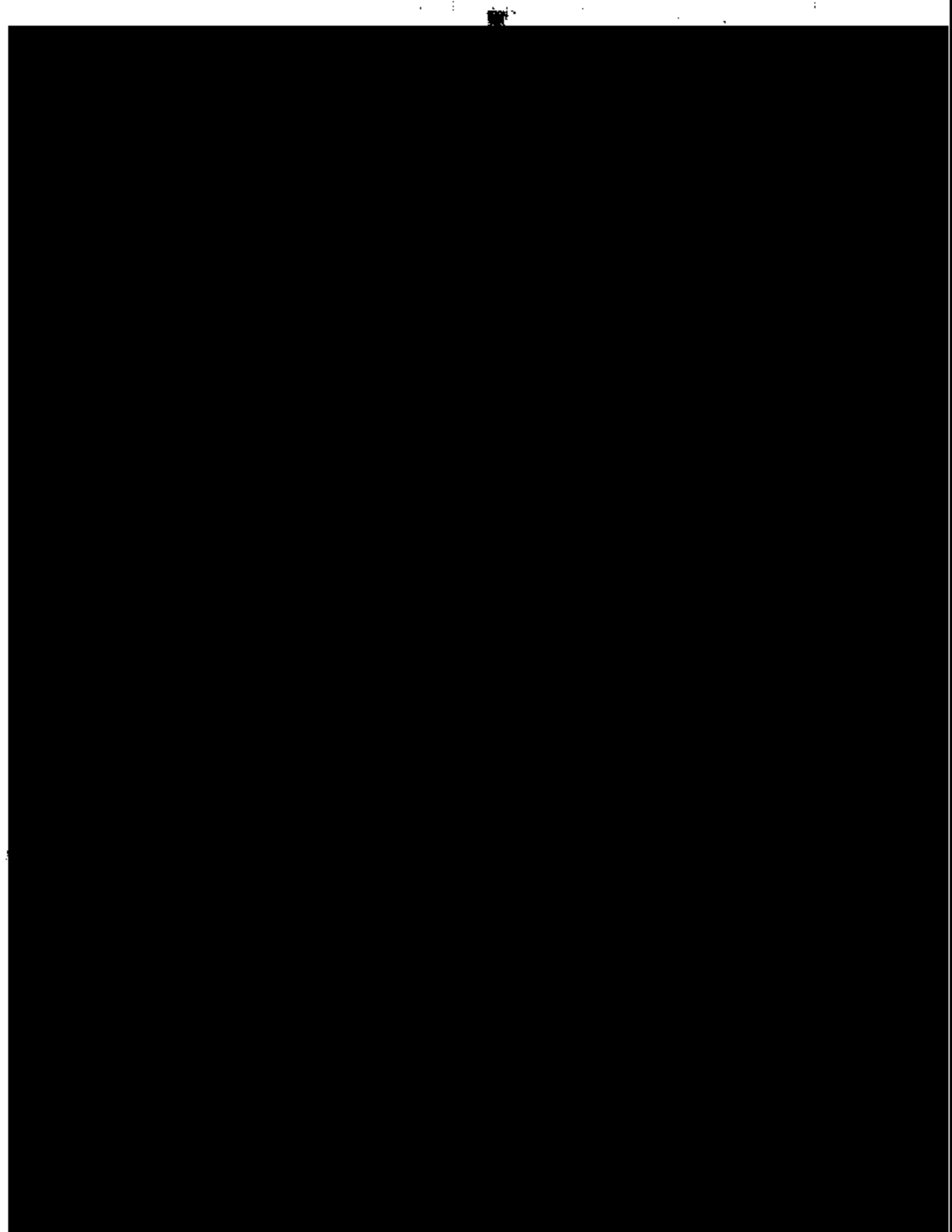
**1-888-DASH-2-DOT**

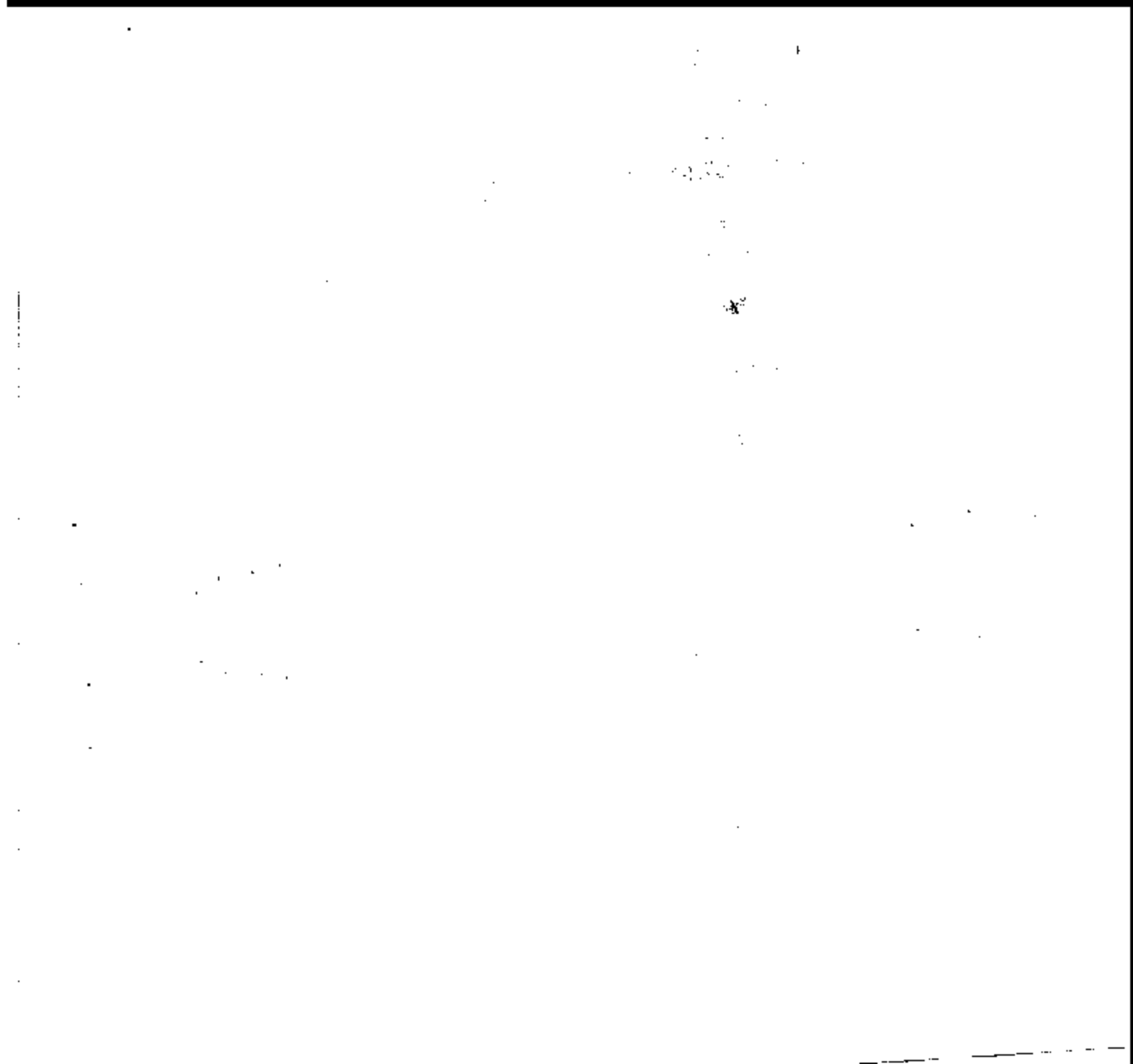
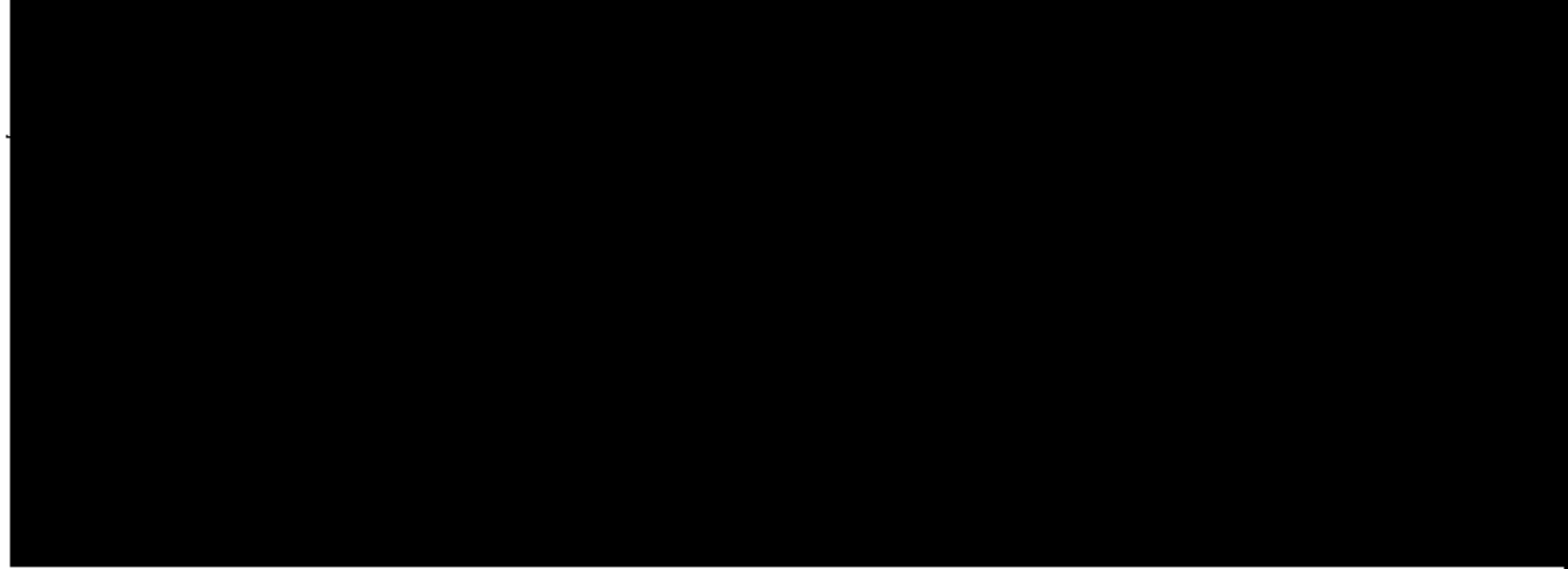
**1-888-327-4236**

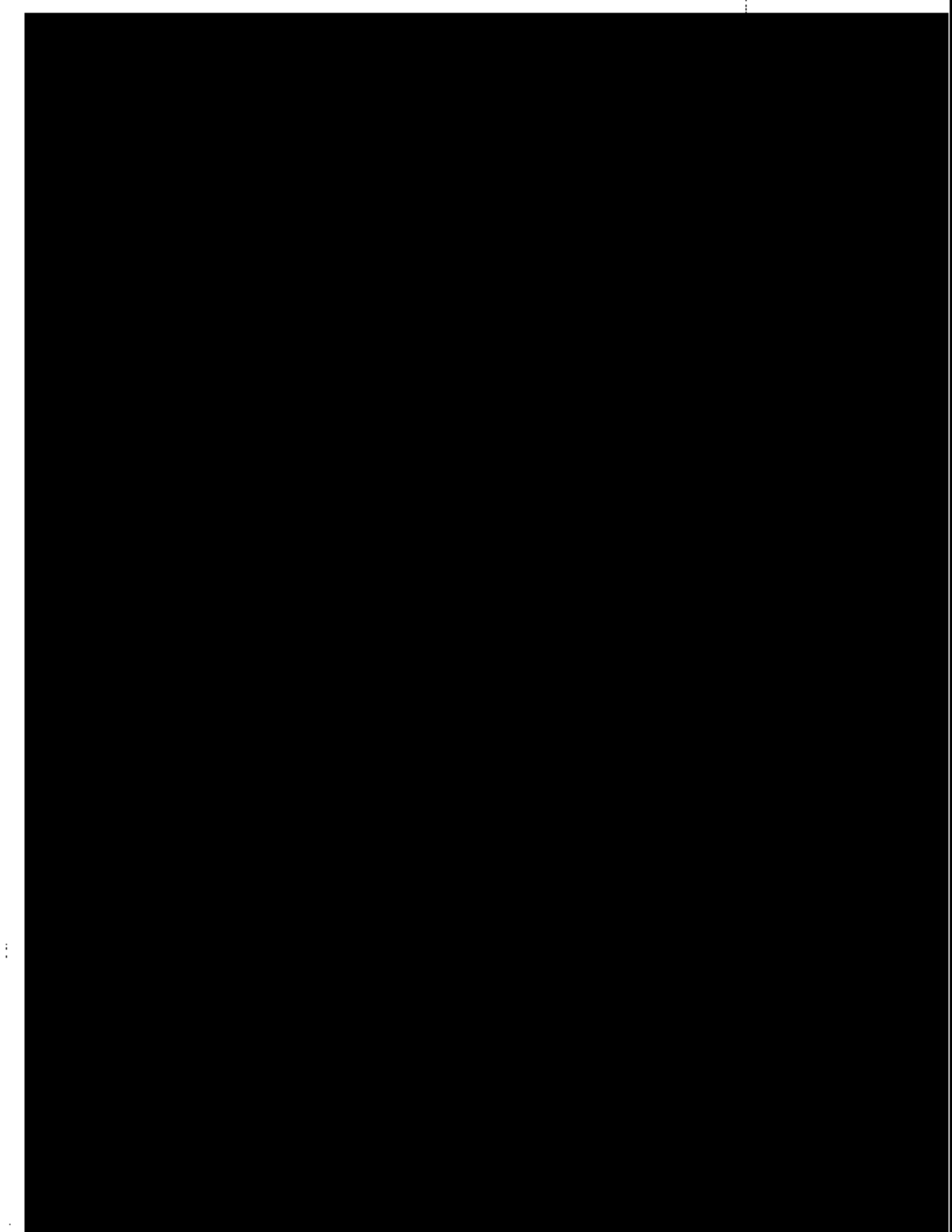
DOT Auto Safety Hotline  
(DASH) 2 DOT

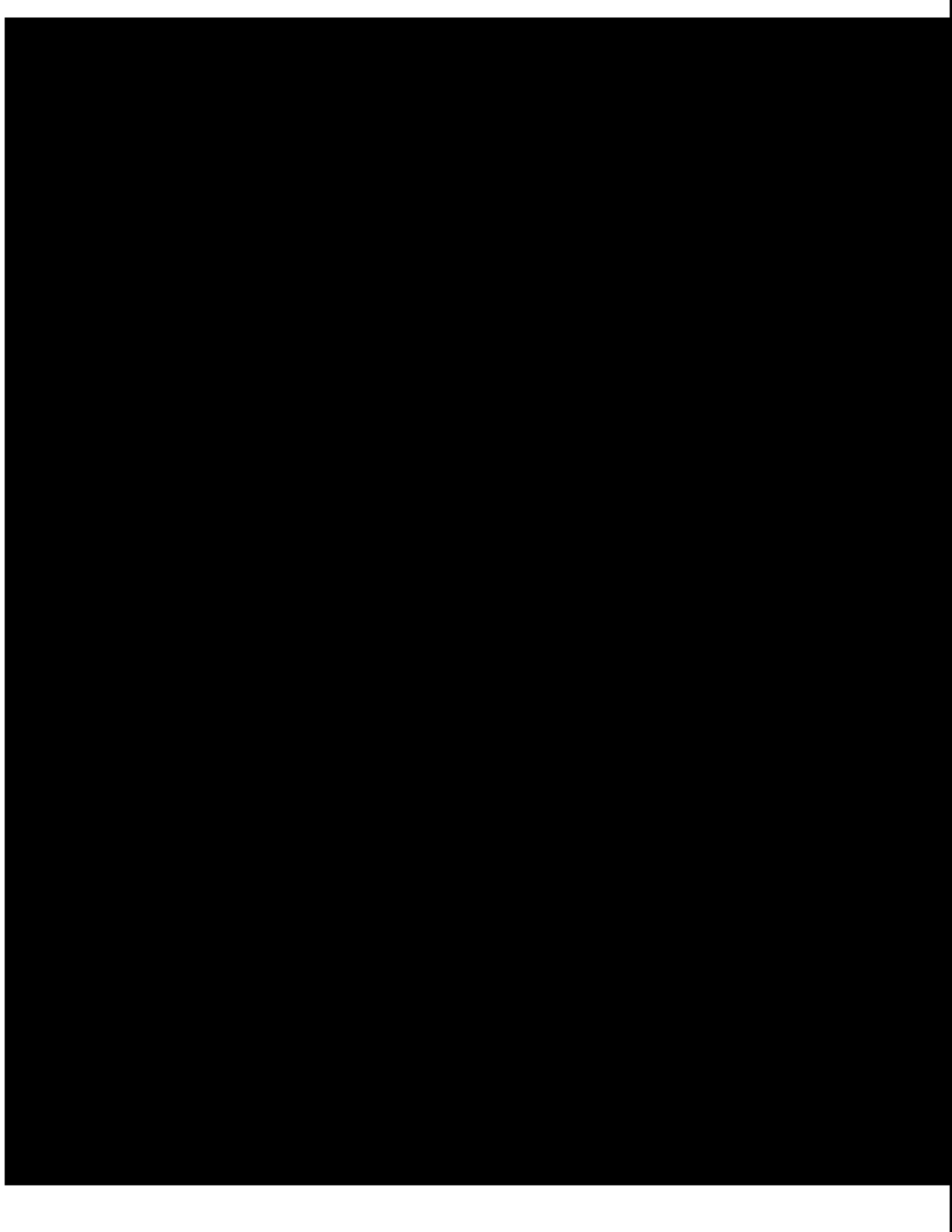
**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

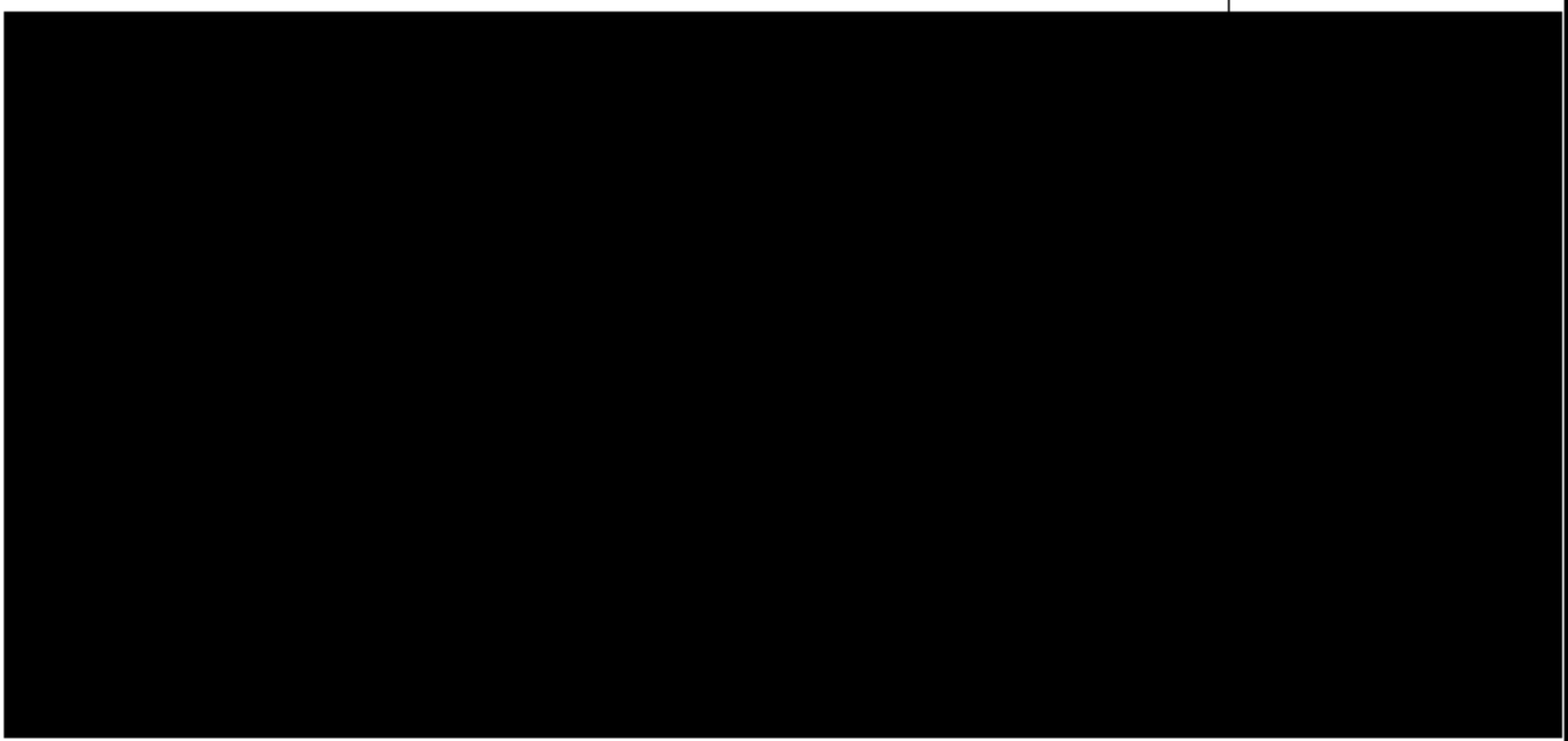
*(Page   1   through Page   7  )*











[The remainder of the page is mostly blank with scattered scanning artifacts.]