



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 1039

Date Received

10-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009590

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) (Locate at bottom of windshield or door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCCS14R2H2161441	CHEVROLET TRUCK	S10	1991	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No
	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12311000	Part Name(s) INTERIOR SYSTEMS:TRACKS AND ANCHORS:FRONT SEAT:MAN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 7	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	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)

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PASSENGER'S SEAT WILL NOT LATCH WHEN ADJUSTING. HAD REPAIRED IT 6 OR 7 TIMES. WHEN A SUDDEN STOP, SEAT WILL MOVE FORWARD. DEALER CONTACTED. *AK

COPIES OF REPORTS ARE KEPT

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.

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1039 Date Received 10-MAY-2002 Reference No. 8N09590	
OWNER INFORMATION (Type or Print) GRAYS RIVER WA 753371				Work Number Home Number	
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 name and address to the vehicle manufacturer. Signature of Owner <i>[Signature]</i> Date <u>6/17/2002</u>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GEC1951815719		Vehicle Make CHEVROLET TRUCK		Vehicle Year 2001	
Purchase Date ☒ New ☒ Used		Dealer's Name <u>BUK CLARY</u> City <u>LONUEW</u> State <u>WA</u> Zip Code <u>98632</u>		Engine Size (CID/CC/L) <u>6.4</u> No Cylinders <u>4</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No		Restraint System ☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	
☒ Yes ☐ No		Cruise Control ☒ Yes ☐ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	
Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		☒ Sport Ut ☒ Truck ☐ Motorcycle		Body Style ☐ 2-Door ☐ 4-Door ☐ Station wagon ☒ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12311000		Part Name(s) INTERIOR SYSTEMS: TRACKS AND ANCHORS: FRONT SEAT: MANU		Location ☐ Left ☒ Right ☐ Front ☐ Rear	
No of Failures 7		Date(s) of Failure(s) <u>5-3-2001</u> Mileage at Failure(s) Vehicle Speed at Failure(s)		Failed Part(s) ☒ Yes ☐ No	
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)					
Crash ☐ Yes ☒ No		Fire ☐ Yes ☒ No		Number of Persons Injured Number of Fatalities Estimated Property Damage Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
PASSENGER'S SEAT WILL NOT LATCH WHEN ADJUSTING. HAD REPAIRED IT 6 OR 7 TIMES. WHEN A SUDDEN STOP, SEAT WILL MOVE FORWARD. DEALER CONTACTED. *AK <i>Service Reporment put a new seat on 5-14-2002 - Maybe problem is solved</i> <i>Please call if you need more information</i>					
CONTINUE ON BACK IF NEEDED					
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 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.					

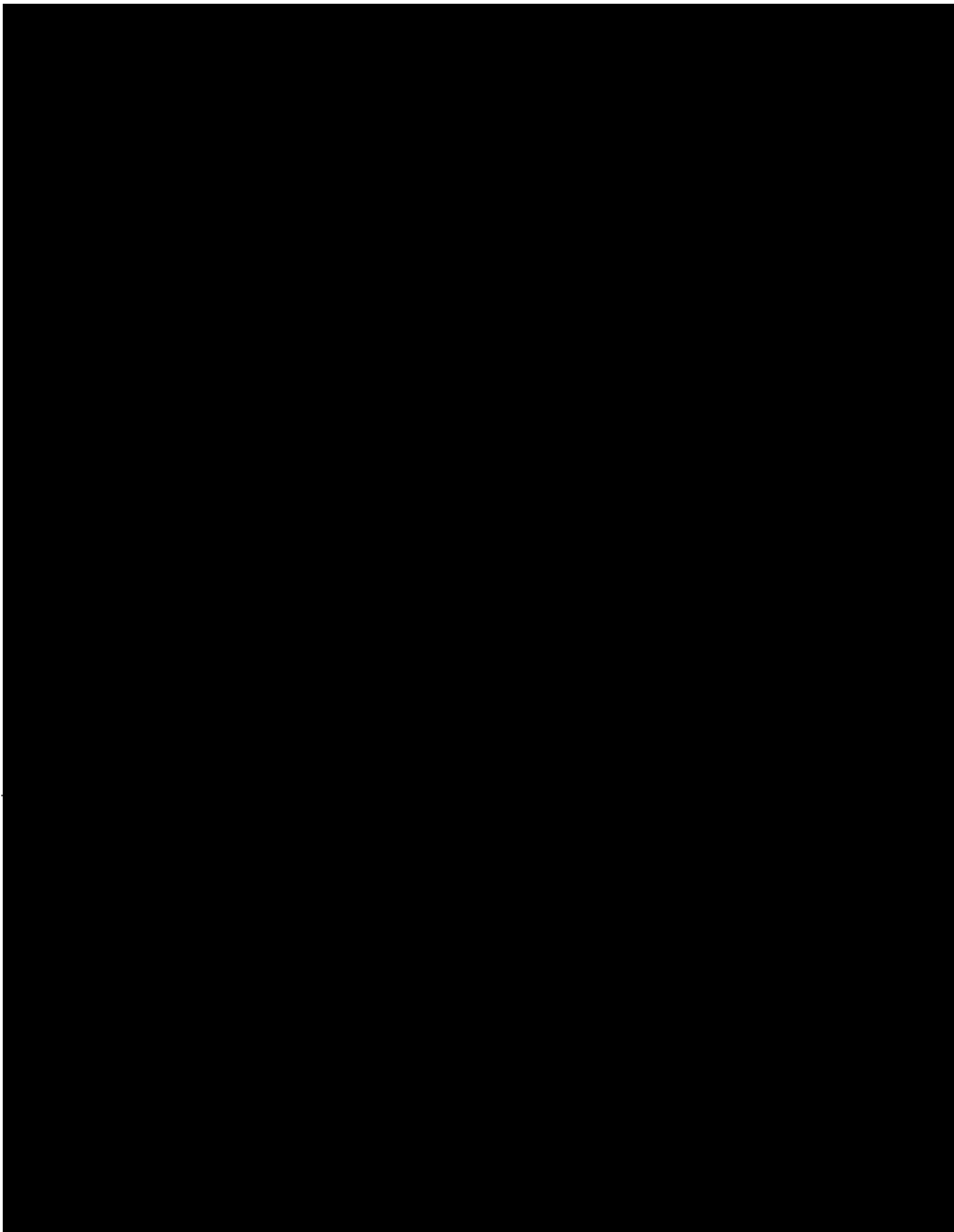
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HISTORY LISTING

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HISTORY LISTING

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