



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 1367

Date Received

20-MAY-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8010164

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 driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCCS19XXX8169726		CHEVROLET TRUCK	S10	1999	
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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12364000	Part Name(s) INTERIOR SYSTEMS:BUCKET:BACK REST	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 13-MAY-2002	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 54		
	Vehicle Speed at Failure(s)		

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 Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BOTH RECLINER SEAT LEVELS THAT ADJUST RECLINE OF BUCKET SEAT BROKE OFF. DRIVER WAS UNABLE TO RECLINE SEATS.*AK

COPIES OF REPORTS - FREE -

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 TransportationNational 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

1367

Date Received

20-MAY-2002

Od or

rt dt

od rt

up ltr

DEFECTS INVESTIGATION

8010164

OWNER INFORMATION (Type or Print)

754894

ACWORTH

GA

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

☒ YES☐ NO

In the absence of an

Signature of Owner

Date 5/30/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

1GCCS19XX8169726

Vehicle Make

CHEVROLET TRUCK

Vehicle Model

S10

Vehicle Year

1999

Current Odometer Reading

56,561

Purchase Date

April 99

Dealer's Name Tom Turner Chev.

Engine Size
(CID/CC/L)4.3
V6☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injection☒ New ☐ Used

City ATLANTA State GA Zip Code

No. Cylinders

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☐ No

Restraint System

☒ 3-Point Belt☐ Motorbet☒ Driverside Airbag☐ 2-Point Bel☒ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☐ Front☒ Rear☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☒ Sport Ult☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12364000

Part Name(s)

INTERIOR SYSTEMS:BUCKET:BACK REST

LEVER IS BROKE AS IT ENTER SEAT

Location

☒ Left☐ Front☒ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No of Failures

2 - EACH

SENT

Date(s) of Failure(s) 13-MAY-2002

Mileage at Failure(s) 54

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)

BOTH RECLINER SEAT LEVERIS THAT ADJUST RECLINE OF BUCKET SEAT BROKE OFF. DRIVER
WAS UNABLE TO RECLINE SEATS.*AK

CONTINUE ON BACK IF NEEDED

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