Form Approved: OMB No. 2127-0042

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 ____ ____
np_ltr ____ ____

Reference No.: 8010164

[redacted]

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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GCCS19XXX8169726	CHEVROLET TRUC	S10	1999	

Purchase Dat: ☒ New ☐ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12364000	INTERIOR SYSTEMS:BUCKET:BACK REST	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 13-MAY-2002 Mileage at Failure(s 54 Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

CONTINUED ATTACHMENT

Form Approved O.M.B. No. 2127-0035

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 1367

Date Received
20-MAY-2002

OFFICE OF DEFECTS INVESTIGATION

cod_or
rt_dt
cod_rt
up_ltr

Reference No.
8010164

OWNER INFORMATION (Type or Print)

[redacted] 754894

ACWORTH GA [redacted]

Work Numbe [redacted]
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 [redacted] e and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 5/30/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1GCCS19XXX8169726	CHEVROLET TRUC	S10	1999	56,561

Purchase Date: April 99 ☒ New ☐ Used

Dealer's Name: Tom Jumper Chev.
City: ATLANTA State: GA Zip Code:

Engine Siz (CID/CC/L): 4.3 V6
No Cylinders:

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☐ No	☒ 3-Point Belt ☐ Motorbel ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12364000	INTERIOR SYSTEMS:BUCKET:BACK REST LEVER IS BROKE SO IT ENTER SEAT	☒ Left ☒ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures: 2 - ONE SEAT

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), Fai ure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

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

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CONTINUE ON BACK IF NEEDED