



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 231

Date Received

25-JUN-2002

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rt_dt
pd_rt
rp_lr

Reference No.

8012592

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 side door)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUCK	S10	1997			
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 10310000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER	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 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD WIPERS WORKING INTERMITTENTLY WHILE IN USE OR WILL NOT TURN ON . DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION.*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.



U.S. Department of Transportation
 National Highway Traffic Safety Administration
 DOT Auto Safety Hotline
 NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY - 234

Date Received: 02 JUN 2007
 Office: EFFECTS INVESTIGATION
 Reference No.: 8012592
 Work Number: [redacted]
 Home Number: [redacted]

OWNER INFORMATION (Type or Print)
 JACKSONVILLE NC
 760835

Do you authorize NHTSA to provide a copy of report to the manufacturer at your vehicle's name and address to the vehicle manufacturer?
 YES NO

Signature of Owner: [redacted]

Vehicle Ident. No. (VIN) 16CS1441W138183
 Vehicle Make CHEVROLET TRUC S10
 Vehicle Year 1997
 Current Odometer Reading 54204

Purchase Date 7-21-99
 Dealer's Name Stevens's Auto Repack
 City/Jacksonville State and zip code 32214
 Engine Size CID/CC 4
 Turbo Gas Diesel Fuel Injecto

Transmission Type Manual Automatic
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Driver Side Airbag Passenger Side Airbag
 Cruise Control Yes No
 Drive Type Front Rear 4-Wheel
 Vehicle Type Car Van Minivan Other
 Body Style 2-Door 4-Door Station Wagon Truck Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10310000
 Part Name(s) VISUAL SYSTEMS: WINDSHIELD WIPER
 Location Front Left Right
 Failed Part(s) Original Replacement

No. of Failures to list 40 many to list
 Date(s) 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
 Tire Yes No
 Number of Persons Injured 0
 Number of Fatalities 0
 Estimated Property Damage 0
 Reported to Police Yes No

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

WINDSHIELD WIPERS WORKING INTERMITTENTLY WHILE IN USE OR WILL NOT TURN ON. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION. AK
 When you turn the wipers on, you can hear the motor running but the wipers don't move unless you pull on them. Had a diagnostic done & need the upper duty module. My wife and I have the

CONTINUE ON BACK IF NEEDED
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Same year and make vehicles - this is happening to both

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 73173 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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

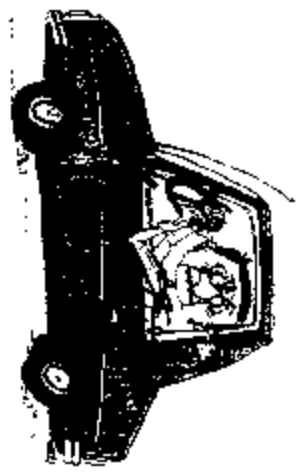
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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