

U.S. Department  
of TransportationNational 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 294

Date Received

23-NOV-1999

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 Od\_rt \_\_\_\_\_  
 Up\_ltr \_\_\_\_\_

Reference No.

853268

 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>(located at front of windshield on drivers side)</small><br><b>1GCGK24K8SE106623</b> | Vehicle Make<br><b>CHEVROLET TRU</b> | Vehicle Model<br><b>C25</b> | Vehicle Year<br><b>1995</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                              |                                                                                                                                              |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____           |                                                                                                                                              |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                                     |                                                                                                                                         |                                                                                             |
|-----------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>10312000 | Part Name(s)<br><b>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</b>                                        | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures        | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>63</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                   | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

INTERMITTENTLY THE WINDSHIELD WIPERS BECOME INOPERABLE OBSTRUCTING THE VIEW OF THE DRIVER. A RECALL HAS BEEN ISSUED ON SIMILAR MAKES ; HOWEVER THIS VEHICLE WAS NOT INCLUDED . THE DEALER AND MANUFACTURER HAVE BEEN NOTIFIED.

CONTINUED ON BACK (REVERSE)

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.



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FOR AGENCY USE ONLY 284

RECEIVED

00 FEB 11 AM 1992

OFFICE  
OF INVESTIGATION

Od\_or  
rt\_dt  
od\_rl  
up\_ltr

Reference No.  
853268

OWNER INFORMATION (Type or Print)

DEFECT

Work Number

Home Number (SAME)

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

☒ YES ☐ NO

In the absence of an authorized signature, your name and address to the vehicle manufacturer.

Signature of Owner

Date 02/06/00

## VEHICLE INFORMATION

|                                                                             |               |               |              |                          |
|-----------------------------------------------------------------------------|---------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) | Vehicle Make  | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GCGK24K8SE106623                                                           | CHEVROLET TRU | C25           | 1995         | 64,000                   |

Purchase Date

Dealer's Name

Engine Size  
(CID/CC/L)

☐ Turbo  
☐ Diesel  
☐ Gas  
☐ Fuel Injection

☐ New ☒ Used

City State Zip Code

No Cylinders

|                                                                                                       |                                                                                           |                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| No of Failures        | Date(s) of Failure(s)<br>Mileage at Failure(s) 63<br>Vehicle Speed at Failure(s) | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                          | NHTSA Previously Contacted?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No     |

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CONTINUE ON BACK IF NEEDED

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