



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 335

Data Received

10-JAN-2000

Ord_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854831

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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCCS14W9TK130136	CHEVROLET TRU	S10	1996	

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

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 12111200	Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 0	Date(s) of Failure(s) 06-DEC-1999 Mileage at Failure(s) 62000 Vehicle Speed at Failure(s) 35	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE CROSSING AN INTERSECTION APPLIED THE BRAKES ON A BUMPY ROAD AND BRAKE PEDAL WENT TO THE FLOOR. CONSUMER HIT ANOTHER VEHICLE, AND AIRBAG DIDN'T DEPLOY. CALLED THE DEALER, AND THEY SAID THAT THIS WAS NORMAL. *AK

CONTINUED ON BACK PLEASE

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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OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

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 your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location: at bottom of windshield on driver's side) **1GCCS14W9TK130136** Vehicle Make **CHEVROLET TRU** Vehicle Model **S10** Vehicle Year **1996** Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____ Engine Size (CID/CC/L) **2075cc** Turbo Diesel Gas Fuel Injection
 New Used City **Memphis** State **Tenn** Zip Code _____ No Cylinders **6**

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 Van Minivan Other Sport Ut Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick-Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **03250000
12111200** Part Name(s) **BRAKES:HYDRAULIC:ANTI-SKID SYSTEM
INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA** Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures **0** Date(s) of Failure(s) **06-DEC-1999** Mileage at Failure(s) **52000** Vehicle Speed at Failure(s) **35** Failed Part(s) Available? Yes No NHTSA Previously Contacted? 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 **2** Number of Fatalities **0** Estimated Property Damage **15,000 +
UNKNOWN** Reported to Police Yes No

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

WHILE CROSSING AN INTERSECTION APPLIED THE BRAKES ON A BUMPY ROAD AND BRAKE PEDAL WENT TO THE FLOOR. CONSUMER HIT ANOTHER VEHICLE, AND AIRBAG DIDN'T DEPLOY. CALLED THE DEALER, AND THEY SAID THAT THIS WAS NORMAL. *AK

I HAD COMPLAINT TO DEALER MANY TIME ABOUT THE BRAKE SYSTEM EACH TIME I WAS TOLD IT WAS NORMAL OVER

CONTINUE ON BACK IF NEEDED

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