Form Approved: O.M.B. No. 2127-0038

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<br>20-NOV-2000 | Od_or ____ ____<br>rt_dt ____ ____<br>od_rt ____ ____<br>up_ltr ____ ____ |
| | Reference No.<br>875230 |

[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.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| | CHEVROLET TRU | SUBURBAN | 1994 | |

| Purchase Date | | | |
|---|---|---|---|
| ☐ New ☒ Used | Dealer's Name_____<br>City_____ State_____ Zip Code_____ | Engine Size (CID/CC/L _____<br>No Cylinders _____ | ☐ Turbo<br>☐ Diesel<br>☐ Gas<br>☐ Fuel Injection |

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual<br>☐ Automatic | ☐ Yes<br>☒ No | ☐ 3-Point Belt<br>☐ Driverside Airbag<br>☐ Passengerside Airbag<br>☐ Motorbelt<br>☐ 2-Point Belt | ☐ Yes<br>☒ No | ☐ Front<br>☐ Rear<br>☐ 4-Wheel | ☐ Car<br>☐ Van<br>☐ Minivan<br>☐ Other_____<br>☐ Sport Utl<br>☐ Truck<br>☐ Motorcycle | ☐ 2-Door<br>☐ 4-Door<br>☐ Stationwagon<br>☐ Pick Up Truck<br>☐ Other_____<br>☒ |

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

| Component | Par. Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 15902000 | EQUIPMENT:OTHER PIECES:TRAILER HITCHES AND ATTACHMEN | ☐ Left ☐ Right<br>☐ Front ☐ Rear | ☐ Original<br>☐ Replacement |

| No of Failures | Dates) of Failure(s)<br>Mileage at Failure(s)<br>Vehicle Speed at Failure(s) | Failed Part(s) Available? | NHTSA Previously Contacted? |
|---|---|---|---|
| | | \| \|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 Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | | ☐ Yes ☒ No |

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

**CONSUMER NOTICED TRAILER HITCH ATTACHMENT WITH CRACKS ON SIDE. PLEASE PROVIDE FURTHER INFORMATION. *AK**

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0006

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 231

Date Received: 20-NOV-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No. 876230

OWNER INFORMATION (Type or Print)

[redacted] 656497

Work Nu[redacted]
Home Nu[redacted]

Do you authorize [redacted] your vehicle? ☒ YES ☐ NO
In the absence of [redacted] address to the vehicle manufacturer.

Signature of Owne[redacted] Date 12/4/00

VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1GNGC26N5RJ428548 | CHEVROLET TRU | SUBURBAN | 1994 | 89432 |

Purchase Date
☐ New ☒ Used

Dealer's Name
City State Zip Code

Engine Size (CID/CC/L)
No Cylinders 8

☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection

| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☒ Automatic | ☒ Yes ☒ No | ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag | ☒ Yes ☒ No | ☐ Front ☒ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other SUBURBAN | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other SUBURBAN |

FAILED COMPONENT(S)/PART(S) INFORMATION

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 19902000 | EQUIPMENT:OTHER PIECES:TRAILER HITCHES AND ATTACHMEN | ☐ Left ☐ Right ☐ Front ☒ Rear | ☒ Original ☐ Replacement |

No of Failures

Date(s) of Failure(s)
Mileage at Failure(s)
Vehicle Speed at Failure(s)

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 | 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)

CONSUMER NOTICED TRAILER HITCH ATTACHMENT WITH CRACKS ON SIDE. PLEASE PROVIDE FURTHER INFORMATION. *AK CRACKS ARE ON THE CURVED PART OF ANGLE BRACKET [redacted] BOLTED TO [redacted] FRAME, BOTH SIDES CRACKS ARE APPROX 1" TO 1½" CALL TWICE TO GMC CUSTOMER REL. NOTHING CAN BE DONE WAS THEIR ANSWER

CONTINUE ON BACK IF NEEDED

[redacted]

POST OFFICE BOX 469
SUN VALLEY, CA 91353-0469
TEL: (818) 768-5660
FAX: (818) 767-8435 eazlift@msn.com

817-41

# SALES ACKNOWLEDGEMENT

| Order # | Order Date | Page |
|---|---|---|
| 201865 | 11/22/00 | 1 |

**Bill To:**
EAZ-LIFT SPRING MISC.
911 SO. 6TH

MANSFIELD, TX 76063

**Ship To:**
[redacted]

817-6

| CUSTOMER PO NUMBER | TERMS | SHIP VIA | F.O.B. POINT |
|---|---|---|---|
| VERBAL | PAYMENT RECEIVED | PICK UP | |

| ORDERED BY | SALES REPRESENTATIVE | ORDER DATE | OUR ORDER # | CUSTOMER ID |
|---|---|---|---|---|
| | HOUSE | 11/22/00 | 201865 | 60001 |

| LN | DL | QUANTITY ORDERED | DUE DATE | PART IDENTIFIER | DESCRIPTION / COMMENTS | UNIT | UNIT PRICE | EXTENDED PRICE |
|---|---|---|---|---|---|---|---|---|
| 01 | 01 | 1.00 | 11/22/00 | 6700 | PRO RECEIVER CHEVY SUBURBAN | | 104.06 | 104.06 |
| | | | | | | | Total ..... | 104.06 |
| | | | | | | | | 8.58 |
| | | | | | | | | 112.64 |

pd CK #1669 112.64

J Myers 11/22/00

Jo Smith

262860

# BRUCE'S WELDING

817-473-0174

560 AIRPORT DR
MANSFIELD, TX 76063

| Customer's Order No. | Department | Date |
|---|---|---|
| | | 11-22-00 |

N: [redacted]

A: [redacted]

City, State, Zip

| Sold By | Cash | C.O.D. | Charge | On Acct. | Mdse. Retd. | Paid Out |
|---|---|---|---|---|---|---|
| | | | | | | |

| | QUAN. | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|---|
| 1 | | | | 40.00 |
| 2 | | Changing 94 Hitch on Sub | | 43.30 |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | Fab on 1668 | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
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| 18 | | | | |
| 19 | | | | |

Received by

Adams DC5808

Keep this Slip for Reference