



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 §20

Date Received

27-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

891494

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 or door frame)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
FILL IN PLEASE	CHEVROLET TRUCK	SILVERADO	2001	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
		Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
			Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150030	Part Name(s) ENGINE:VALVES:VALVE TRAIN	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 25-FEB-2001 3700 Mileage 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	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

6.0 LITER ENGINE IS MAKING A LOUD "PECKING" AND "CLATTERING" NOISE DURING NORMAL OPERATION OF VEHICLE. DEALERSHIP HAS EXAMINED VEHICLE, AND INFORMED CONSUMER THAT NOISE IS NORMAL. CONSUMER FEELS NOISE COULD BE COMING FROM VALVES IN ENGINE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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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.

 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 920 Date Received <u>01 AUG 28 AM 27-JUN-2001</u> DEFECTS INVESTIGATION OFFICE Od_or <u>_____</u> ri_dt <u>_____</u> et_n <u>_____</u> up_tr <u>_____</u> Reference No. <u>891494</u> Work Number <u>_____</u> Home Number <u>_____</u>	
OWNER INFORMATION (Type or Print) 699570			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer. Signature of Owner <u>[Signature]</u> Date <u>8/5/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <u>16CHK29K31E230944</u> (Located at bottom of windshield) FILL IN PLEASE		Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO
Vehicle Year 2001		Current Odometer Reading <u>_____</u>	
Purchase Date <u>_____</u> ☒ New ☐ Used	Dealer's Name <u>LULACK SCHEERBROCK</u> City <u>Davenport</u> State <u>IA</u> Zip Code <u>52806</u>		Engine Size (CID/CC/L) <u>6.0</u> No Cylinders <u>8</u> ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☒ 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 05150030	Part Name(s) ENGINE: VALVES: VALVE TRAIN		Location ☐ Left ☐ Right ☐ Front ☐ Rear
Failed Part(s) <u>_____</u> ☐ Original ☐ Replacement		No of Failures <u>_____</u> Date(s) of Failure(s) <u>25-FEB-2001</u> Mileage at Failure(s) <u>3700</u> Vehicle Speed at Failure(s) <u>500 RPM'S - UPWARD</u>	
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 <u>0</u>	Number of Fatalities <u>0</u>
Estimated Property Damage <u>_____</u>		Reported to Police ☐ Yes ☒ No	

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

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CONTINUE ON BACK IF NEEDED

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