Form Approved: OMB No. 2127-0042

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 117

Date Received: 16-JUL-2001

Od_or
rt_dt
od_rt
op_ltr

Reference No.: 892949

[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.) (Location of number on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GNDT13W6V2136652	CHEVROLET TRUC	S10	1997	

Purchase Dat
☐ New ☒ Used

Dealer's Name_____
City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
10312000	VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) 63 Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHENEVER WINDSHIELD WIPERS ARE IN USE THEY WOULD STOP ON THEIR OWN. SOMETIMES COME BACK ON BY THEMSELVES. WOULD NEED TO STOP VEHICLE AND GET OUT AND JIGGLE WIRES/ WINDSHIELD WIPER MOTOR OR BLADES THEMSELVES TO GET THEM GOING AGAIN. THIS WOULD CAUSE DRIVER TO HAVE POOR ROAD VISIBILITY IN RAIN.*AK

CONTINUED ON REVERSE

Form Approved: O.M.B. No. 2127-0008

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 117

Date Received
01 SEP 25 A
16-JUL-2001
DEFECTS INVESTIGATION OFFICE

Odi_er
rt_dt
bid_dt
up_itr

Reference No.
892949

OWNER INFORMATION (Type or Print)

[redacted] 702888

Work Number

Home Numbe[redacted]

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

Signature of [redacted] Date 9/2/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDT13W6V2136652	CHEVROLET TRU	S10	1997	

Purchase Date

☐ New ☒ Used

Dealer's Name

City State Zip Code

Engine Size (CID/CC/L

No Cylinders

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
10312000	VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures
ONCE
30-times

Date(s) of Failure(s)
Mileage at Failure(s) 63
Vehicle Speed at Failure(s) VARIES

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)

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CONTINUE ON BACK IF NEEDED