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

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 798

Date Received: 25-OCT-2001

Od_or ______
rt_dt ______
od_rt ______
up_ltr ______

Reference No. 898259

[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 Readin
1GHK24U41E311036	CHEVROLET TRUC	SILVERADO	2001	

Purchase Dat: ______ [X] 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 [X] Automatic	☐ Yes [X] No	[X] 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes [X] No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other______ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon [X] Pick Up Truck ☐ Other______

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07301000	POWER TRAIN:TRANSMISSION:AUTOMATIC:INTERLOCK SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) / Mileage at Failure(s / Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
	Dates of Failure(s): 01-OCT-2001 Mileage at Failure(s: 10 Vehicle Speed at Failure(s):	☐ 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
[X] Yes ☐ No	☐ Yes [X] No				☐ Yes [X] No

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

WHILE VEHICLE WAS LEFT IN PARK IT WENT INTO REVERSE, AND RAN INTO THE SIDE OF A BARN . CONTACTED DEALER, AND THE DEALER WAS TAKING A LOOK AT VEHICLE.*AK

CONTINUE ON BACK IF NEEDED

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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 798

Date Received: 25-OCT-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 698259

OWNER INFORMATION (Type or Print)

[redacted] 723375

Work Number

Home Numbe [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an a[redacted] NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 11/20/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1GHK24U41E311036	CHEVROLET TRU	SILVERADO	2001	

Purchase Date
☒ New ☐ Used

Dealer's Name
City State Zip Code

Engine Siz (CID/CC/L
No Cylinders
☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type: ☐ Manua ☒ Automatic

Antilock Brakes: ☐ Yes ☒ No

Restraint System: ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag

Cruise Contro: ☐ Yes ☒ No

Drive Trai: ☐ Front ☐ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck

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No of Failures

Date(s) of Failure(s) 01-OCT-2001
Mileage at Failure(s) 10
Vehicle Speed 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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