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 1038

Date Received: 27-NOV-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 899482

[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 and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
2GGCEK19T4X111196	CHEVROLET TRUC	PICKUP	1999	

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 Utl ☐ 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
09302000	LIGHTING:FUSE:HEAD LIGHTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 01-NOV-2000	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s _____	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s) _____		

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)

WHILE DRIVING AND WITHOUT NO PRIOR WARNING HEADLIGHTS GO COMPLETLY OUT, CAUSING POOR VISIBILITY. CONSUMER HAS TO USE HIGH BEAMS IN ORDER TO SEE. DEALER BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUED ON REVERSE

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 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.

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 1038

Date Received
FEB 21
01-NOV-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.
899482

OWNER INFORMATION (Type or Print)

[redacted]

Work Number
Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of [redacted] your name and address to the vehicle manufacturer.
Signature of Owner [redacted] Date / /

VEHICLE INFORMATION

Vehicle Identif. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2GGCEK19T4X111196	CHEVROLET TRU	PICKUP	1999	

Purchase Date
[ ] New [X] Used

Dealer's Name
City State Zip Code

Engine Siz (CID/CC/L
No Cy inders
[ ] Turbo [ ] Diesel [ ] Gas [ ] Fuel Injecto

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
[ ] Manua [ ] Automatic	[ ] Yes [ ] No	[ ] 3-Point Belt [ ] Driverside Airbag [ ] Passengerside Airbag [ ] Motorbelt [ ] 2-Point Bel	[ ] Yes [ ] No	[ ] Fron [ ] Rear [ ] 4-Wheel	[ ] Car [ ] Van [ ] Minivan [ ] Other [ ] Sport Ult [ ] Truck [ ] Motorcycle	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [X] Pick Up [ ] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
09302000	LIGHTING:FUSE:HEAD LIGHTS	[ ] eft [ ] ron: [ ] Right [ ] Rear	[ ] Original [ ] Replacemen

No of Failures	Date(s) of Failure( )	Failed Part(s)	NHTSA Previously
	01-NOV-2000	[ ] Yes [ ] No	[ ] Yes [ ] No
	Mileage at Failure(s)		
	Vehicle Speed at Failure(s)		

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)

WHILE DRIVING AND WITHOUT NO PRIOR WARNING HEADLIGHTS GO COMPLETLY OUT, CAUSING POOR VISIBILITY. CONSUMER HAS TO USE HIGH BEAMS IN ORDER TO SEE. DEALER BEEN CONTACTED. PLEASE PROVIDE FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*	MANUFACTURER/TIRE NAME	SIZE
D O T		

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

DEALER SAYS - MULTI-FUNTION SWITCH IN THE STEERING COLUMN - (HI-LOW BEAM SWITCH, WINDSHIELD WIPERS R & L TURN SIGNAL) - 1 OTHER COMPONET (RELAY)? DRIVE - RUNNING LIGHTS - AFTER SWITCH WAS REPLACED IT HAD A BAD CONNECTION AT A PLUG LOCATED DOWN THE STEERING COLUMN.

☆ U.S. G.P.O.: 1992 – 623-987 / 60086

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

THE FOLLOWING PAGES ARE WITHHELD TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page 1 through Page 3)

WITTMEIER

CHEVROLET
2292 Forest Ave. Chico, CA 95928
Phone (530) 343-4444 • 1-800 300 6707

BAR # AB 165315 **E.P.A. # CAL 000157649**

0201ICTCS122521

312316	ARTHUR R WILLIAMSO	129	1103	12/06/01	CTCS122521
[redacted]		5X06177	56,161	AUTUMNWOOD/	
	99/CHEVROLET TRUCK/K1500/SWB XCAB 4X			09/16/98	2
	2 G C E K 1 9 T 4 X 1 1 1 1 9 6 1			RED	
				11/21/01	

NOTICE TO CONSUMER: PLEASE READ IMPORTANT WARRANTY INFORMATION ON BACK.

LABOR & PARTS

[illegible] DIAGNOSE [illegible]
CUSTOMER STATES LOW BEAMS GO OUT WHILE DRIVING. HIGH
BEAMS WORK ALL THE TIME, LAST NIGHT WENT OUT AND STAYED
OUT WHEN OPENED DRIVERS DOOR THEY CAME ON.
LOW BEAM HEAD LAMPS GO OUT. DRL RELAY AND TURN/DIMMER SWITCH
DEFECTIVE. REMOVED AND REPLACED DRL RELAY AND DIMMER SWITCH.

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	12088567	RELAY ASM 9.277	22.38	22.38
JOB # 1	1	26096030	SWITCH 2.895	263.66	263.66
			JOB # 1 TOTAL PARTS		286.04
			JOB # 1 TOTAL LABOR & PARTS		541.64

ESTIMATE
CUSTOMER HEREBY ACKNOWLEDGES RECEIVING
ORIGINAL ESTIMATE OF $100.00 (+TAX)
APPROVED REVISED ESTIMATE (# 1) OF $650.00 (+TAX) ON 11/21/01 AT 02:18pm
BY STEVE PRICE COMMENTS CUSTOMER CALLED IN
COMMENTS
WAIT

TOTALS

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME GUARANTEE APPLIES FOR CUSTOMER PAY REPAIRS.

TOTAL LABOR....	255.60
TOTAL PARTS....	286.04
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX......	20.03

I HEREBY ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN INCREASE IN THE ORIGINAL ESTIMATED PRICE:

TOTAL INVOICE $ 561.67

I HEREBY ACKNOWLEDGE THE RECEIPT OF THE VEHICLE:

CUSTOMER SIGNATURE