



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received <i>6/27/00</i>	Owner _____
Reference No.	Model _____
	Year _____
	Make _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER _____

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <i>1GCEC14V5XZ211032</i>		VEHICLE MAKE <i>Chevrolet</i>	VEHICLE MODEL <i>1999 C/K Pick-Up</i>	MANUFACTURE DATE <i>5 1 9 0 9</i>	MODEL YEAR <i>1 9 9 9</i>	
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other: _____ <input type="radio"/> Daimler/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE <i>6/21/99</i>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <i>Fred DeVoe's Chev</i>	CITY <i>Alexandria</i>	STATE <i>Ind</i>	ZIP CODE <i>46001</i>	
ENGINE SIZE <i>4800</i>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2 Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbel: <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4-Wheel <input checked="" type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other: _____	NO. OF FAILURES <i>5</i>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). TIRE NAME <i>General American</i> COMPLETE TIRE SIZE <i>P255/70/R16</i> TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input checked="" type="radio"/> Other <i>General</i>
	INCIDENT DATE <i>4-28-00</i>	
	MILEAGE AT INCIDENT <i>31112</i>	
VEHICLE SPEED AT INCIDENT <i>Starting at 35 m.p.h.</i>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <i>0</i>	CAUSE OF INCIDENT <input type="radio"/> Wear/Corrosion/Flat <input type="radio"/> Wear/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fat Off <input type="radio"/> Brake/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Nuts <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Sticks/Grebs <input checked="" type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <i>0</i>		

PLEASE DO NOT WRITE IN THIS AREA



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Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

On April 28th 88 I took my pick-up truck to Johnny Davis Chevrolet, Inc. 4101 West Clois Lane, Murick, Indiana 47304 to be serviced. The oil and filter was changed, the drive shaft was serviced and the tires were rotated and balanced. Since then I have had it back for a very bad vibration.

On May 25th 88 Mark Remmaling the lead service manager drove the truck and decided to buy it till they could see what was wrong with it. They put a new drive shaft and two universal joints and put two new tires on it, then they still had the vibration so they tried two new different tires to see if they could get the vibration out.

We picked the truck up on May 26th 88 it does drive better, but still it has a vibration starting at 35 m.p.h. I drove this truck to Port Wayne Assembly Plant which is 150 miles away from my house to work. A red truck should not vibrate like this problem.

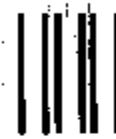
Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

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 a subsequent amendment. You are under no obligation to respond to this request. 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.

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HS Form 250 (Rev. 8/99)

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)



DOT AUTO SAFETY HOTLINE
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236
U.S. Department of Transportation
DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
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www.nhtsa.dot.gov/hotline