



U.S. Department of Transportation  
National Highway Traffic Safety Administration

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 <b>6-5-00</b>	Old or _____
Reference No.	in-dt _____
	rel-in _____
	up-itr _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

Manufacturer of your vehicle \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
<b>1DBLP3791T3311937</b>	<b>CHEVROLET</b>	<b>P30</b>	<b>06</b> <b>96</b>	<b>1996</b>

VEHICLE MANUFACTURER  
 BMW  Ford  Honda  Nissan  Subaru  Volvo  Other \_\_\_\_\_  
 DaimlerChrysler  General Motors  Hyundai  Saab  Toyota  VW

PURCHASE DATE **08/08/96**  New  Used  
 DEALER'S NAME **EARNHARDT-RV** CITY **MESA** STATE **AZ** ZIP CODE **85213**

ENGINE SIZE IC/D/C/C/L: <b>4/54</b>	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 type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Driverside Airbag <input checked="" type="radio"/> 2-Point Belt <input type="radio"/> Passenger/Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
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DRIVETRAIN  Front  4-Wheel  Rear

VEHICLE TYPE  
 Car  Minivan  Truck  Other **BOUNDER MOTOR HOME**  
 Van  Sport Utility  Motorcycle

DOORS  2-Door  4-Door

BODY STYLE **MOTOR HOME**  
 Hatchback  Sedan  Pick Up Truck  Stationwagon

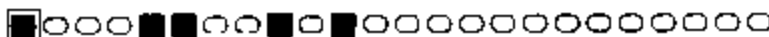
### FAILED COMPONENT(S)/PART(S) INFORMATION

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 checked="" type="radio"/> Parking Brakes <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <b>4</b>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).  TIRE NAME _____ COMPLETE TIRE SIZE _____  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 type="radio"/> Other _____
	INCIDENT DATE <b>03/18/00 (10) 04/03/00</b>	
	MILEAGE AT INCIDENT <b>24,670 to 25,160</b>	
	VEHICLE SPEED AT INCIDENT <b>10 and 20 and 45</b>	
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), crack(s), and injury(ies) on the back of this form.	CRASH <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="radio"/> Wear/Corrosion/Rust <input type="radio"/> Noisy <input type="radio"/> Explosion/Fire <input type="radio"/> Wear/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Loss of Control <input type="radio"/> Clutch/Tam <input type="radio"/> Shor <input type="radio"/> Poor Visibility <input type="radio"/> Disconnect/Fell Off <input checked="" type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Inadvertent Start <input type="radio"/> Erratic/Floor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> High/Low <input type="radio"/> Excessive Effort <input type="radio"/> Broken <input checked="" type="radio"/> Stalls <input type="radio"/> Sudden Acceleration	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"/> High/Low <input checked="" type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

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.

We were driving our  
Bomber Motor Home  
built on a Chevrolet  
Chassis.  
The Automate Park  
Brake came on by  
itself 4 times while  
driving. Twice at 10  
miles per hour.  
Once at 20 M.P.H.  
Once at 45 M.P.H. on  
Interstate Highway.  
My wife + I were really  
scared. We were lucky  
we were not involved  
or anyone.  
We have heard of several  
people who have had some  
problem. We think all  
Chevrolet chassis owners  
over 16,000 the need to  
be notified of 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 The information requested pursuant to authority vested in the National Highway Traffic Safety Administration by you, and under no obligation to respond to the questionnaire. Your responses may be used to assess the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. In the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

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HS Form 3540 (Rev. 9/79)

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IN THE  
UNITED STATES

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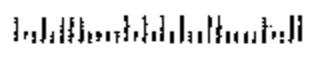
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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

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



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



# VEHICLE OWNER'S QUESTIONNAIRE (V00Q)

**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**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)