



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: 7-18-00	Order _____
Reference No. _____	1st _____
	cc-rt _____
	up-itr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1GKEL19W3PB547924		VEHICLE MAKE GMC	VEHICLE MODEL Safari	MANUFACTURE DATE	MODEL YEAR 1993	
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"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE 9/94	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME Country Club Chev	CITY Oneonta	STATE NY	ZIP CODE	
ENGINE SIZE (CID/CC) _____	FUEL SYSTEM <input type="radio"/> Turbo <input 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 type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 9-Point Belt	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No
NO. CYLINDERS _____	DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear		VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

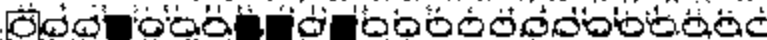
FAILED COMPONENT(S)/PART(S) INFORMATION

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, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input checked="" type="radio"/> Structure <input checked="" type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 9/28/00	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 97,300	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 _____	
	VEHICLE SPEED AT INCIDENT -0-	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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	CAUSE OF INCIDENT <input type="radio"/> Wear/Comaded/Flat <input type="radio"/> Notaly <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input checked="" type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Viability <input type="radio"/> Inadvertent Start <input type="radio"/> Roll-over <input type="radio"/> Stals <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19		

PLEASE DO NOT WRITE IN THIS AREA



01416

S000013 DT/14/00

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

Opt in vehicle to leave
Store, Put foot on
brake to put vehicle
in reverse heard a
very large "Bang"
the whole front end
dropped.

Good thing we were
DOT morning

Previously stolen arms
replaced + EGR valve
called Gmc on all
including Torcion Bars
was told the file
was lost

Continue on additional page if necessary.
Describe any additional incidents. (include date and mileage)
The Privacy Act of 1974—Public Law 93-502 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 to this question. 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 or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.
Mark Refuse by MCS EW-22529-1-954321 H1905 Printed in U.S.A.
© Copyright 1996 by National Computer Systems, Inc. All rights reserved.
HS Form 350 (Rev. 8/95)

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
U.S. Department of Transportation
DOT Auto Safety Hotline
(DASH) 2 DOT




U.S. Department of Transportation
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline

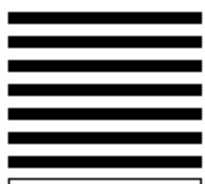
Complete and return or place in your car manual for future use

.....

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 73173 WASHINGTON, D.C.



CHESAPEAKE 2000
A FIRST-CLASS MAIL PERMIT NO 73173 WASHINGTON, D.C.
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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