



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) 366-0125
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	City or
7-11-00	ri-ct
Reference No.	cd-n
	up-ltr

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE + 4

AREA CODE

manufacturer of your vehicle? No

SIGNATURE OF OWNER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1XMDC9608EK359549	Reoatt	Adviance	1984	1984
VEHICLE MANUFACTURER	<input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Daimler/Chrysler <input type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW			
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
1-1-84	Hal Pratt	Springfield	IL	62781
ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
101/CC/10	<input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NO. CYLINDERS	DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
4	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT	TIRE BRAND	
	VEHICLE SPEED AT INCIDENT	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0 <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		
	FIRE	NUMBER OF FATALITIES		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 0 <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		

PLEASE DO NOT WRITE IN THIS AREA

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