



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: 1/17/02
Reference No. _____
City _____
State _____
Zip _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE + 4

AREA CODE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)		VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1GTC519W2Y8158728		GMC	SONOMA		2000
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"/> Other <input type="checkbox"/> Daihatsu/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW					
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME	CITY	STATE	ZIP CODE
10-10-00		TRU-BUICK/GMC	HEMET	CA	92543
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM
4.3L	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injector	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcyclist <input checked="" type="checkbox"/> 3-Point Belt
NO. CYLINDERS	VEHICLE TYPE		DOORS		
6	<input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/> Rear		<input checked="" type="checkbox"/> 3-Door <input type="checkbox"/> 2-Door <input type="checkbox"/> Full Back <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Pick Up Truck		
DRIVETRAIN		VEHICLE TYPE		BODY STYLE	
<input type="checkbox"/> Front <input type="checkbox"/> 4-Wheel <input checked="" type="checkbox"/> Rear		<input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Spor. Utility <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lamps & Alarms <input checked="" type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input checked="" type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input checked="" type="checkbox"/> Power Train <input checked="" type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input checked="" type="checkbox"/> Structure <input checked="" 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).		
	4 (1) (2) (3) (4) (5) (6) (7) (8) (9) 4 (1) (2) (3) (4) (5) (6) (7) (8) (9)	TIRE NAME	COMPLETE TIRE SIZE	
	INCIDENT DATE	TIGER PAW	P205-75R-15	
	N/A	UNIROYAL		
MILEAGE AT INCIDENT	VEHICLE SPEED AT INCIDENT	TIRE BRAND		
		<input checked="" 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 checked="" type="checkbox"/> Other: <u>UNIROYAL TIGER PAW</u>		
FAILED PART(S)	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?		
<input type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
HANDICAPPED ADAPTIVE				
<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	<input type="checkbox"/> Wear/Corrosion/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> C.U./Torn <input type="checkbox"/> Disconnect/Full Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Nasty <input type="checkbox"/> Lanks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Straps/Crabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Rollover	<input type="checkbox"/> Emission/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	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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