



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	Order
Reference No.	Case No.

OWNER INFORMATION (Type or Print)

NUMBER

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1Y1SK52811Z401729	CHEVROLET	PRIZM	081600	2001

VEHICLE MANUFACTURER	DRIVE SHAFT	DRIVE AXLES	DRIVE TYPE
<input type="checkbox"/> BMW <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Honda <input type="checkbox"/> Hyundai <input type="checkbox"/> Nissan <input type="checkbox"/> Saab <input type="checkbox"/> Subaru <input type="checkbox"/> Toyota <input type="checkbox"/> Volvo <input type="checkbox"/> VW <input type="checkbox"/> Other	<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> 4 Wheel <input type="checkbox"/> 2 Wheel	<input type="checkbox"/> Front <input type="checkbox"/> Rear

PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
0816, 2000	COURTESY-CHEVROLET	HOUSTON	TX	77024

ENGINE SIZE	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL
1.8 L	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	<input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other	<input type="checkbox"/> 2-Door <input checked="" 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	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
<input type="checkbox"/> Child Seat <input type="checkbox"/> Electric 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 type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	<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	INCIDENT DATE NOV. 06, 2000 Wk.	TIRE NAME GOODYEAR M+S COMPLETE TIRE SIZE P185/65R14, 85S
		MILEAGE AT INCIDENT 2709	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input checked="" type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other
		VEHICLE SPEED AT INCIDENT 50 MPH	
		FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), 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 checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <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



90 02152

crash(es), location(s), and injury(ies). Include additional accidents if applicable.

Monday 11/06/2001 @ 6 pm
leaving downtown Houston, entering
freeway I-45 (North) - Car shifted
while driving @ 50 MPH due to:
BOTH FLAT TIRES on left side of vehicle
- pulled the car on the right side of highway
and called AAA for towing assistance.
Car towed to COURTESY CHEVROLET
HOUSTON TX same day 11/6/2001 by 7 pm
both tires replaced on 11/9/2001 at
my expense for \$186.52.
DEETY dealer alleged "road hazard"
although no nail found in damaged tire.
I suspected "defective tires" for 2
wires blowing out at the same time.

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
under authority vested in the National Highway Traffic Safety Act and subsequent
amendments. You are under no obligation to respond to this questionnaire. Your
response may be used to assist the NHTSA in determining whether further action
would be 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 350 (REV. 8/99)

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

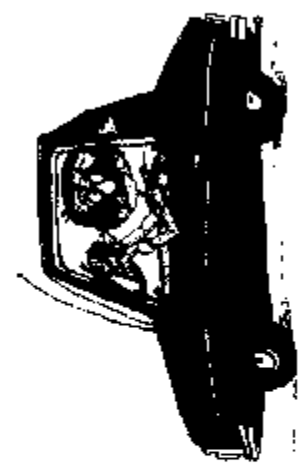
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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.

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