



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 <i>6/22/01</i>	On or _____
Reference No.	rt-dt _____
	cul-t _____
	lp-ffr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE

AREA CODE

Manufacturer of your vehicle

SIGNATURE OF OWNER

DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1GCDG25K85F235958	VEHICLE MAKE Cher.	VEHICLE MODEL G20 VAN	MANUFACTURE DATE 12 04 95	MODEL YEAR 1995
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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"/> Daimler/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 Feb 26-96	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME BOB STALL Chevrolet	CITY LA MESA	STATE CA	ZIP CODE
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ENGINE SIZE CC/DCL 5.7	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt	CRUISE CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> Fwd	VEHICLE TYPE <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Pic-Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon
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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 type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	NO. OF FAILURES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	INCIDENT DATE	TIRE NAME GENERAL	COMPLETE TIRE SIZE P225/75R15	
	MILEAGE AT INCIDENT 28288 1st tire MONTANA	TIRE BRAND <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 checked="" type="checkbox"/> Other		
	VEHICLE SPEED AT INCIDENT 45 MPH 1st tire	FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement		
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="checkbox"/> Weak/Comed/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Looks/Slicks/Grabs <input type="checkbox"/> Stability/Vibrator <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



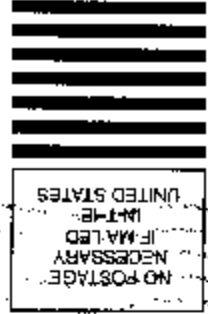
03042

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable. Date Sept 7 - 00

1st Tire on Chev Van. We were on Highway near Big Timber Montana. Thought road was rough as steamed heavily when turning off highway steering seemed wobbly. Turned into Big Timber at about 25 MPH. Steering shook as we made turn. Got out and looked at tires did not notice anything wrong. Went to Chev Dealership got ran on lift and saw tire separation mostly inside area of wheel. Dealer didn't sell tires. Went to local Gas & Tire Storage. No New tires that size. Put on New Spare. Bought cheap tire for spare.

nd Tire 2-4-01
Noticed wire protruding on tire. Checked & found tire separating as did the 1st one on exterior side of Tire. Put on spare. Drove to Wal Mart and bought 2 New R.F. Goodrich Tires as letter about General Tire on

Continues 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 pursuant to section 104 of 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 aid the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with an administrative or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.
Mark Reply® by NCS EW-225238-1564321 HRMS Printed in U.S.A.
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NHTSA Form 350 (Rev. 8/99) Both tires were gmy.



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POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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

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

VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

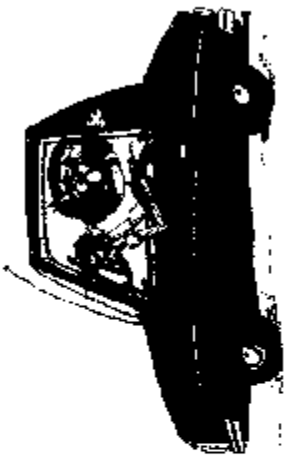
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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Administration

www.nhtsa.dot.gov/hotline

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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)

(Page / through Page /)

03042

I have Chew Tere at my home
I left the one that went bad
in Montana there