



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8303
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 <u>7/17/07</u>	Case No. _____
Reference No. _____	File No. _____
_____	_____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located in bottom of windshield on driver's side) <u>2GTEK19R9V1510270</u>	VEHICLE MAKE <u>GMC</u>	VEHICLE MODEL <u>Series A Pickup</u>	MANUFACTURE DATE <u>Sept. 96</u>	MODEL YEAR <u>1997</u>		
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 <u>10/15/98</u>	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME <u>MAHONEY AUTO</u>	CITY <u>POTSDAM</u>	STATE <u>NY</u>	ZIP CODE <u>13676</u>	
ENGINE SIZE (CID/CC/L) <u>5.7</u>	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 type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorcycle <input type="radio"/> 3 Point Belt	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No
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 checked="" 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 checked="" type="radio"/> 4-Door	BODY STYLE <u>3-door</u> <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Stationwagon <input checked="" type="radio"/> Pick Up Truck		

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 type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other <u>Brake Vacuum Booster</u>	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 checked="" 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 <u>Feb 2001</u>	TIRE NAME	COMPLETE TIRE SIZE	
	MILEAGE AT INCIDENT <u>57,000</u>	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 <u>Any Speed</u>	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 type="radio"/> Yes <input type="radio"/> No <u>DON'T KNOW</u>	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="radio"/> Yes <input 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 <input type="checkbox"/> 20	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input checked="" type="radio"/> Erratic/Poor Performance <input checked="" type="radio"/> Excessive Effort <input checked="" type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input checked="" type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <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 <input type="checkbox"/> 20		

PLEASE DO NOT WRITE IN THIS AREA



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