



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: 10/23/01 Order: \_\_\_\_\_  
 Reference No. \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN Located at base of windshield on driver's side) 2B1WL5D4XW9270620 VEHICLE MAKE CHEVY VEHICLE MODEL Lumina MANUFACTURE DATE \_\_\_\_\_ MODEL YEAR 1998

VEHICLE MANUFACTURER  
 BMW  Ford  Honda  Nissan  Subaru  Volvo  Other \_\_\_\_\_  
 DaimlerChrysler  General Motors  Hyundai  Saab  Toyota  VW

PURCHASE DATE 11-15-99 DEALER'S NAME Concept Auto Sales CITY MIAMI STATE FL ZIP CODE 33142

ENGINE SIZE \_\_\_\_\_ FUEL SYSTEM \_\_\_\_\_ FUEL TYPE \_\_\_\_\_ TRANSMISSION TYPE \_\_\_\_\_ ANTILOCK BRAKES \_\_\_\_\_ RESTRAINT SYSTEM \_\_\_\_\_ CRUISE CONTROL \_\_\_\_\_  
 Turbo  Diesel  Manual  Yes  2-Point Belt  Motorbelt  
 Fuel Injection  Gas  Automatic  No  3-Point Belt  No

DRIVETRAIN \_\_\_\_\_ VEHICLE TYPE \_\_\_\_\_ DOORS \_\_\_\_\_ BODY STYLE \_\_\_\_\_  
 Front  4 Wheel  Car  Minivan  Truck  Other \_\_\_\_\_  
 Rear  Van  Sport Utility  Motorcycle  2-Door  Hatchback  Sedan  
 4-Door  Pick Up Truck  Stationwagon

### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT \_\_\_\_\_ NO. OF FAILURES \_\_\_\_\_  
 Child Seat  Electrical Lights & Alarms  
 Engine & Cooling System  Equipment  
 Fuel System, Exhaust  Heater, Defrost, Ventilation  
 Interior  Parking Brake  
 Power Train  Service Brakes  
 Steering  Structure  
 Suspension  Visual Systems  
 Other \_\_\_\_\_

INCIDENT DATE \_\_\_\_\_ TIRE NAME \_\_\_\_\_ COMPLETE TIRE SIZE \_\_\_\_\_

MILEAGE AT INCIDENT \_\_\_\_\_ TIRE BRAND \_\_\_\_\_  
 BF Goodrich  Cooper  
 Firestone  Goodyear  
 Kelly Springfield  Michelin  
 Yokohama  Other \_\_\_\_\_

VEHICLE SPEED AT INCIDENT \_\_\_\_\_ FAILED PART(S) \_\_\_\_\_  
 Original  Replacement

HANDICAPPED ADAPTIVE \_\_\_\_\_ FAILED PART(S) AVAILABLE? \_\_\_\_\_ NHTSA PREVIOUSLY CONTACTED? \_\_\_\_\_  
 Yes  No  Yes  No  Yes  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  Yes  No NUMBER OF PERSONS INJURED \_\_\_\_\_  
 Yes  No NUMBER OF FATALITIES \_\_\_\_\_

CAUSE OF INCIDENT \_\_\_\_\_  
 Wear/Chipped/Rust  Noisy  
 Weak/Poor Fit/Loose  Leaks  
 Cut/Torn  Short  
 Disconnect/Fell Off  Loose/Sticks/Grains  
 Emission/Power Performance  Stability/Vibration  
 Excessive Effort  Broken

RESULT OF INCIDENT \_\_\_\_\_  
 Explosion/Fire  Loss of Control  
 Poor Visibility  Inadvertent Start  
 Rollover  Stalls  
 Sudden Accelerator

PLEASE DO NOT WRITE IN THIS AREA



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