



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) 306-0123  
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>1/17/02</u>	Color _____
Reference No.	nr-rt _____
	nd-rt _____
	sp-rt _____

## OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

ZIP CODE

AREA CODE

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <u>1GCEV14464F355496</u>		VEHICLE MAKE <u>Chey</u>	VEHICLE MODEL <u>K-10-PV</u>	MANUFACTURE DATE	MODEL YEAR <u>1987</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"/> Daewoo/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>3-87</u>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <u>C. D. Motors</u>	CITY <u>St Albans</u>	STATE <u>WV</u>	ZIP CODE
ENGINE SIZE <u>102/001/350</u>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Drivers-side Airbag <input checked="" type="radio"/> 2-Point Belt <input type="radio"/> Passengers-side Airbag <input type="radio"/> Motorized <input checked="" type="radio"/> 3-Point Belt
NO. CYLINDERS <u>6</u>	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door		
DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Van <input checked="" type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon		

## 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 checked="" 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"/> Strut Line <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other <u>Seat Belts</u>	NO. OF FAILURES <u>01</u>	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>1-19-01</u>	TIRE NAME <u>UniRoyal</u>	COMPLETE TIRE SIZE <u>30-10-50</u>
	MILEAGE AT INCIDENT <u>98,000</u>	TIRE BRAND <input checked="" 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>40 MPH</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 checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF PERSONS INJURED <u>2</u>	CAUSE OF INCIDENT <input type="radio"/> Wear/Entrapped/Push <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Erratic/Floor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Spill <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Stability/Vibrator <input type="radio"/> Broken	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Shells <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <u>2</u>	<u>Belts Did Not Hold</u>	

PLEASE DO NOT WRITE IN THIS AREA



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