



Auto Safety Hotline

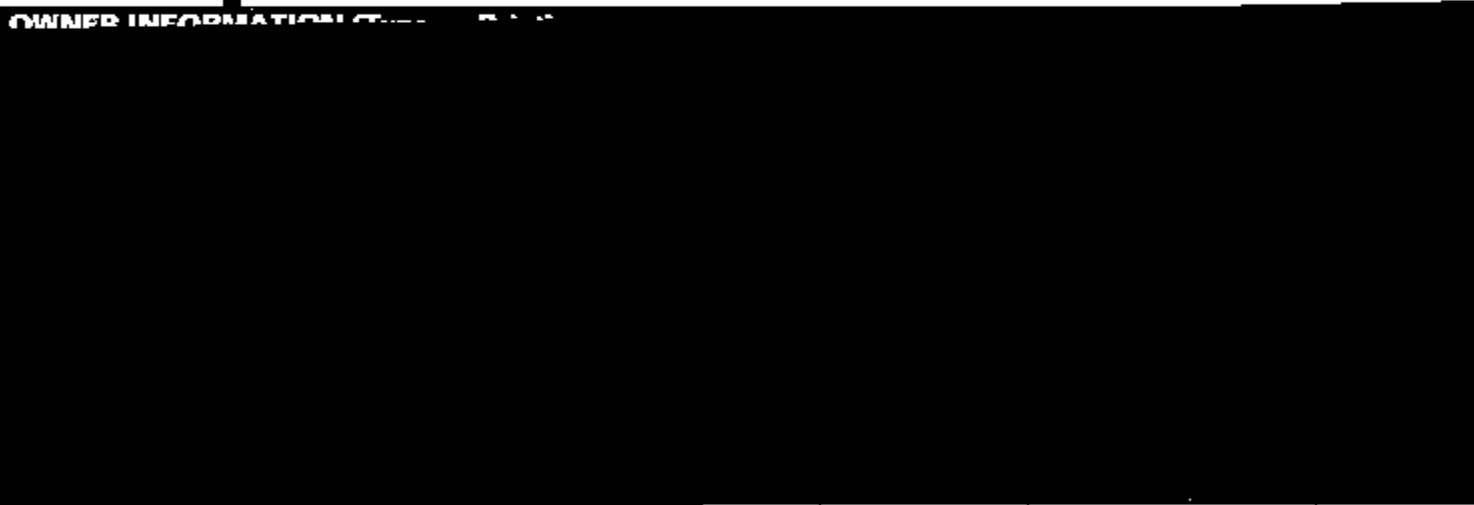
Vehicle Owner's Questionnaire

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 1/17/02	Other _____
Reference No.	Unit _____
	Cost _____
	Up to _____



VEHICLE IDENTIFICATION NUMBER (Located at bottom of windshield on driver's side) 1GCGC294XE235509		VEHICLE MAKE CHEV	VEHICLE MODEL TRUCK	MANUFACTURE DATE 05 99	MODEL YEAR 1999	
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"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE 6/4/99	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME ARMYWAY PASS CHEV	CITY N. HUNTINGDON	STATE PA	ZIP CODE 15642	
ENGINE SIZE 6.0	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 checked="" type="radio"/> Driver's Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passenger's Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 2-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle <input type="radio"/> Other		DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" type="radio"/> Pick Up Truck <input type="radio"/> Station Wagon		

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 checked="" type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	NO. OF FAILURES 2	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE 6/4/99	TIRE NAME NA	COMPLETE TIRE SIZE NA
	MILEAGE AT INCIDENT 300	TIRE BRAND NA	
	VEHICLE SPEED AT INCIDENT 40 MPH		
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
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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 0	CAUSE OF INCIDENT <input type="radio"/> Wear/Corrosion/Rust <input type="radio"/> Wear/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"/> Nuisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Links/Sticks/Grabs <input type="radio"/> Step/ty/Vibrator <input checked="" type="radio"/> Unknown	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"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES 0		

PLEASE DO NOT WRITE IN THIS AREA



05608

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

CON BELT BROKE ON THE WAY
LEWD FROM PICKING UP
NEW TRUCK, RESULTING IN
LOSS OF POWER BRAKES
& STEERING. SECOND DAY
I WAS BOATING UP TO
ALICH UP CAMPING TRAILER
POWER STEERING & BRAKE
SHORT BROKE & THIS CAUSED
MY POWER BRAKES TO FAIL
REAR BUMPER HIT WITH
BY TRAILER & PUT PART
IN BUMPER.

THIS TRUCK HAS HAD
SOMEWAY REPAIRS DONE
TO IT FROM STARTING &
TO COMPARE FOR TRAILER
VISION & SO ON I BELIEVE
IT TO BE AN NHTSA TRUCK.

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974—Public Law 93-502: The information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with an investigation or litigation against a manufacturer, your response, or a distilled summary thereof, may be used in support of the agency's action.

Mark Requested by MCS EW-295228-1-854321 NHTSA Printed in U.S.A.
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HS Form 350 (Rev. 8/99)

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO 73173 WASHINGTON, D.C.

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 (VQQ)

DOT AUTO SAFETY HOTLINE

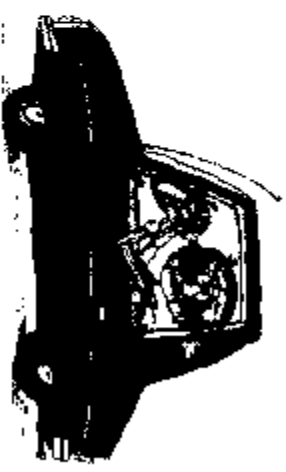
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

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