



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 Reported: <u>2/15/02</u>	City: _____
Reference No. _____	State: _____
	Zip: _____
	Agency: _____

## OWNER INFORMATION (Type or Print)

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <u>1G1TGK29R4TE504581</u>		VEHICLE MAKE <u>GMC</u>	VEHICLE MODEL <u>K2500</u>	MANUFACTURE DATE <u>1/1/1995</u>	MODEL YEAR <u>1996</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"/> Daihatsu/Onyx <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW					
PURCHASE DATE <input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME <u>Fairbanks Volkswagen</u>		CITY <u>Fairbanks</u>	STATE <u>AK</u>	ZIP CODE <u>99702</u>
ENGINE SIZE <u>4.3/2000</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 type="radio"/> Yes <input checked="" type="radio"/> No	RESTRAINT SYSTEM <input type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input type="radio"/> Passenger Airbag <input type="radio"/> Motorcycle <input type="radio"/> 3-Point Belt
NO. CYLINDERS _____	CRUISE CONTROL <input type="radio"/> Yes <input checked="" type="radio"/> No				
DRIVETRAIN <input type="radio"/> Front <input 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"/> 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"/> Stationwagon	

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

COMPONENT <input type="radio"/> Child Seat <input checked="" 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 checked="" type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	NO. OF FAILURES <input type="checkbox"/> 0 <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	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>September 20, 2001</u>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <u>70985</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>0</u>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>no more in stock</u>	NHTSA PREVIOUSLY CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

## APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crashes, 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"/> 0 <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	CAUSE OF INCIDENT <input checked="" type="radio"/> Wear/Corroded/Rust <input type="radio"/> Wear/Poor Fit/Loose <input checked="" type="radio"/> Cut/Torn <input type="radio"/> Discourtesy/Fall Off <input type="radio"/> Erosion/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input checked="" type="radio"/> Short <input type="radio"/> Locks/Stecks/Obsts <input type="radio"/> Stability/Vibration <input type="radio"/> Broken	RESULT OF INCIDENT <input checked="" type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Hollowed <input type="radio"/> Staffs <input type="radio"/> Sudden Acceleration
	FIRE <input checked="" type="radio"/> Yes <input type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <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		

PLEASE DO NOT WRITE IN THIS AREA



05915

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

Truck was parked in driveway  
went out to get child's car  
Seat in and opened door, smoke  
rolled out of cab of pickup.  
A wire under driver seat  
for the electric seats  
became bare shorted out  
fuse did not close shut -  
burned up harness melted part  
of dash by fuses and burned  
up all wires under dash.  
Parts were saved. Not sure  
if repair shop has them  
or if State Farm has them

Continue on additional page if necessary.

**Describe any additional incidents. (Include date and mileage)**

**The Safety Act of 1974—Public Law 93-579** This information is required pursuant to authority vested in 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 assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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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



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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  
(V00Q)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

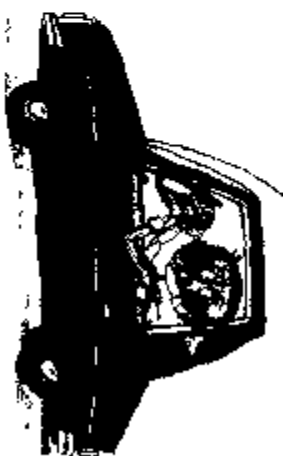
**DASH 2 DOT**

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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National Highway Traffic Safety  
Administration

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)