

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0122
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 2/21/02 Order # _____
 Subcontract No. _____ Call # _____
 _____ LG fir _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)										VEHICLE MAKE										VEHICLE MODEL										MANUFACTURE DATE										MODEL YEAR																													
1GCHK29191E309917										G.M.										SILVERADO																				2001																													
VEHICLE MANUFACTURER										☐ BMW ☐ Ford ☐ Honda ☐ Nissan ☐ Subaru ☐ Volvo ☐ Other ☐ Daihatsu/Chrysler ☒ General Motors ☐ Hyundai ☐ Isuzu ☐ Toyota ☐ VW																																																											
PURCHASE DATE										DEALER'S NAME										CITY										STATE										ZIP CODE																													
06/25/01										RELIABLE										SPRINGFIELD										MO										65807																													
ENGINE SIZE										FUEL SYSTEM										FUEL TYPE										TRANSMISSION TYPE										ANTILOCK BRAKES										RESTRAINT SYSTEM										CRUISE CONTROL									
☐ New ☒ Used																																																																					
(CID/CC/L) 402.1 NO. CY. IN. DFPS 8										☒ Turbo ☐ Fuel Injection										☒ Diesel ☐ Gas										☐ Manual ☒ Automatic										☒ Yes ☐ No										☒ Driverside Airbag ☐ 2 Point Belt ☒ Passengerside Airbag ☐ Motorcyclist ☒ 3 Point Belt										☒ Yes ☐ No									
DRIVETRAIN										VEHICLE TYPE																				DOORS										BODY STYLE																													
☐ Front ☒ 4-Wheel ☐ Rear										☐ Car ☐ Minivan ☒ Truck ☐ Other ☐ Van ☐ Sport Utility ☐ Motorcycle																				☐ 2 Door ☒ 4 Door										☐ Hardback ☐ Sedan ☒ Pick-Up Truck ☐ Shell conversion																													

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT ☐ Child Seat ☐ Electrical Lights & Alarm ☐ Engine & Cooling System ☐ Exhaust ☐ Fuel System, Exhaust ☐ Heater, Defrost, Ventilation ☐ Interior ☐ Parking Brake ☐ Power Train ☐ Service Brakes ☐ Steering ☐ Structure ☐ Suspension ☐ Visual Systems ☐ Other _____ _____ _____	NO. OF FAILURES <table border="1"> <tr> <td></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td> </tr> </table>		1	2	3	4	5	6	7	8	9		10	11	12	13	14	15	16	17	18	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).
	1	2	3	4	5	6	7	8	9													
	10	11	12	13	14	15	16	17	18													
	INCIDENT DATE MILEAGE AT INCIDENT VEHICLE SPEED AT INCIDENT FAILED PART(S) ☐ Original ☐ Replacement	TIRE NAME _____ COMPLETE TIRE SIZE _____ TIRE BRAND ☐ BF Goodrich ☐ Cooper ☐ Firestone ☐ Goodyear ☐ Kelly Springfield ☐ Michelin ☐ Yokohama ☐ Other _____																				
HANDICAPPED ADAPTIVE ☐ Yes ☐ No	FAILED PART(S) AVAILABLE? ☐ Yes ☐ No	NHTSA PREVIOUSLY CONTACTED? ☐ 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	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	☐ Yes ☐ No	☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9	☐ Wear/Corroded/Rust ☐ Weak/Poor Fit/Loose ☐ Cut/Torn ☐ Disconnect/Ten Off ☐ Error/Poor Performance ☐ Excessive Effort ☐ Noise ☐ Leaks ☐ Short ☐ Locks/Sticks/Grabs ☐ Stability/Vibration ☐ Broken	☐ Explosion/Fire ☐ Loss of Control ☐ Poor Visibility ☐ Inadvertent Start ☐ Rollover ☐ Stalls ☐ Sudden Acceleration
	☐ Yes ☐ No	FIRE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9		

PLEASE DO NOT WRITE IN THIS AREA

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