

OF INFORMATION ACT (FOIA), 5 U.S.C.552(B)(6)

From: [REDACTED]
To: [EVOQ \(NHTSA\)](#)
Subject: Data for Artemis file VOQ 11445821.
Date: Thursday, January 20, 2022 1:38:31 PM
Attachments: [REDACTED]

To: EVOQ:

Please send the attached file to the New Artemis in the VOQ file 11445821.

Thank you,



Name: [REDACTED]
Department of Transportation
National Highway Traffic Safety Administration
 Vehicle Research and Test Center
 10820 SR 347, B60, East Liberty, Ohio 43319
Office [REDACTED]

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DATAFORM Interview VOQ/Questionnaire Driver/Steering

VOQ ☒ YES ☐ NO; ODI: [_11445821 _] When Reported [01-JAN-2022 _] First Incident [31-DEC-2021 _]

Name: [xxxxxxxxx] Date: [_1/20/2022 _] Time: [1327_ _] Phone: [_]

Verify if already contacted ☐ YES ☒ NO; Apologize for the event, briefly describe investigative process.

Described what happen? Just pause and think back to the first incident, all the conditions, what you were doing, how did you react, how did the car react. Just tell me everything (beyond VOQ Narrative). ☒ N/A
CODES:

AFTER CI NARRATIVE FILL OUT ANYTHING MISSED.

How First Notice: no preview, just went out in driveway

Able to pull over ☐ YES ☐ NO ☒ NA

Did the vehicle give indication of issues before ☐ YES ☒ NO

How severe? ☐ GRADUAL PULLING ☐ DIFFICULTY STEERING ☐ TURNING BY ITSELF ☐ SUDDEN JERKING ☒ OTHER
Please Explain: Steering failed.

When: ☐ TURNING ☐ ACCELERATING ☐ CRUISING ☐ BRAKING ☐ STOPPED ☒ OTHER
Please Explain:

Still Happening? ☒ YES ☐ NO How often No: _____];

Does the steering wheel move by itself when stopped ☐ YES ☒ NO Explain? _____

How Often: ☐ ONCE ☐ OCCASSIONALLY ☐ REGULARLY ☒ AT ALL TIMES ☐ OTHER
Please Explain:

Have any warning lights appeared when this occurs? ☐ YES ☒ NO Specify: _____
Electric Power Steering Light ☐ YES ☒ NO Stays On? ☐ YES ☐ NO ☐ N/A

Was your vehicle serviced or repaired to address the issue? ☒ YES ☐ NO
If yes: Completed by: ☒ DEALER ☐ 3RD PARTY ☐ SELF ☐ OTHER _____ Problem Fixed: ☐ YES ☐ NO

What was replaced? Describe: Codes read and alignment
Attach invoice if possible

Are you aware of any injuries, crashes, or damage that resulted from this issue? ☐ YES ☐ NO
Anyone Else in Vehicle ☐ YES ☒ NO If yes, please explain:

Loss location: [If not in VOQ] ☒ N/A

DATAFORM Interview VOQ/Questionnaire Driver/Steering

Car moving? Direction? Speed? ☐ YES ☐ NO [N/NE/E/SE/S/SW/W/NW] [_____ mph] ☒ N/A
Owner? /Driver? [If not in VOQ] ☒ Same
Address? [If not in VOQ] ☒ Same
Police Report? ☐ YES ☒ NO Describe:
Tires/Alignment? ☒ YES ☐ NO Describe:
Hit anything while driving? Driver over something? ☒ YES ☐ NO Describe:
Engine problems ☐ YES ☒ NO Describe:
Condition of roads ☒ Good ☐ Fair ☐ Poor; Drive through construction zone? ☐ YES ☒ NO Describe:
Engine operation up to ☐ YES ☒ NO; Turn off ☒ YES ☐ NO
Previous accidents? ☐ YES ☒ NO Hit large bumps/curbs/pothole: ☐ YES ☐ NO Describe:
Previous Maintenance (Light) oil, fluids /when ☒ YES ☐ NO Describe:
Vehicle last serviced? ☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sept ☐ Oct ☒ Nov ☐ Dec
Regular service through (OIL CHANGES, ETC.) ☐ DEALER/ ☒ Private Mechanic ☐ Other
Previous maintenance other / when ☐ YES ☒ NO Describe:
Weather if no photographs VIDEO? ☐ YES ☒ NO Describe:
Vehicle Accessories OEM ☐ YES ☒ NO Describe:
Vehicle Accessories Aftermarket (Who installs) Anything unusual? ☐ YES ☒ NO Describe:
[ASK LATER] MAY WE INSPECT THE VEHICLE (OR HAVE THE VEHICLE INSPECTED)? ☐ YES ☒ NO
DATE/TIME OF INSPECTION? Date: [__/__/____] Time: [_____] Describe to Owner ☐ YES ☒ NO repaired
ADDITIONAL REMARKS:
Thank them for interview/Please call me anytime/give email NOTE: Scan/Post in VOQ Right Away so there are no duplicate calls