

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 738

Date Received

07-AUG-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

553532

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1YY22G5W5127204	CHEVROLET	CORVETTE	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 10-JUL-1999 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE COVERS ON THE INSIDE OF HEADLIGHTS ARE DESIGNED SMALL AND RESULT IN FALLING OFF CONTINUALLY. \*ET

CONTINUED ON BACK PLEASE

The Privacy Act of 1974-Public Law 93-579 This information is requested 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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Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01140000	Part Name(s) STEERING; COLUMN LOCKING; ANTI-THEFT DEVICE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 2	Date(s) of Failure(s) 10-JUL-1999 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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## NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER HAD A PROBLEMS WITH THE STEERING COLUMN LOCKING UP ON SEVERAL OCCASIONS, DEALERSHIP INSTRUCTED HOW TO UNLOCK STEERING COLUMN. \*ET

CONTINUED ON BACK PLEASE

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**POSTED**

200-366-7882



People Saving People

1-888-DASH-2-DOT

# Vehicle Owner's Questionnaire

Office of Defects Investigation

Click here to fill out the form using SSL (your information will be encrypted)

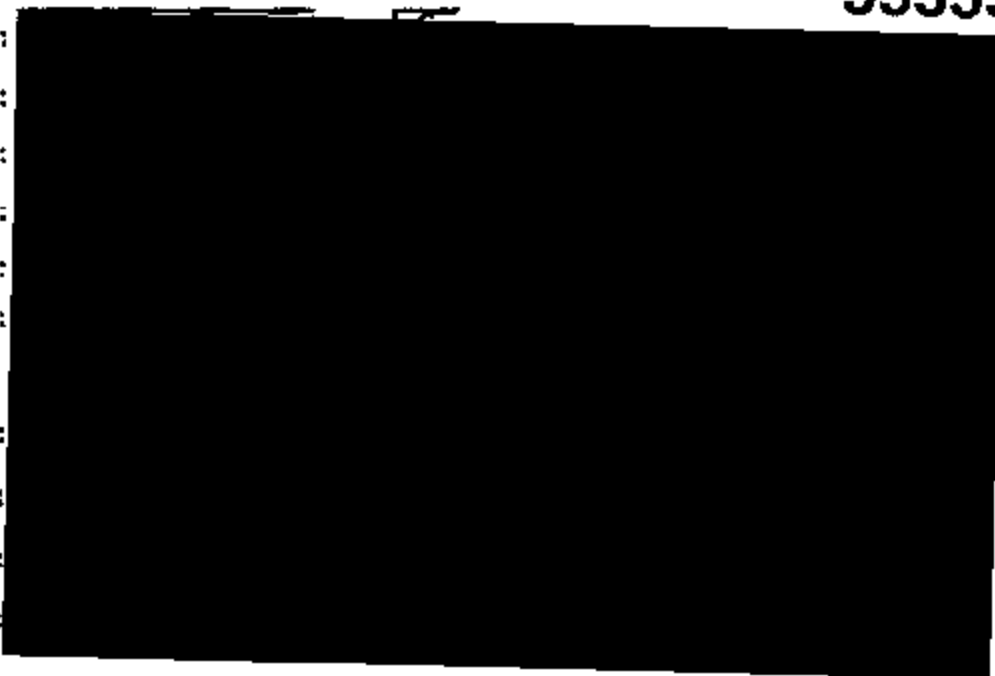
Form Approved: O.M.B. No. 2127-0008

Please provide your name, address, and phone number, as well as specific details about your vehicle and the problems you encountered with it. We would like to have a telephone number where you can be reached or where we can leave a message. This is necessary to obtain more detailed information when required for our investigative efforts. You may want to have your owner's manual handy as you proceed through the several screens of the questionnaire. Required information is marked with \*.

## Owner Information

553532

- \* First Name:
- \* Last Name:
- Organization:
- \* Address 1:
- Address 2:
- \* City:
- Home Phone:
- Work Phone:
- Fax Number:
- Email Address:



The Privacy Act prevents release of owner information without prior authorization.

Do you wish to request a mailed signature form, which will authorize NHTSA to provide a copy of the owner information along with the vehicle information contained in this report to the manufacturer of your vehicle?

Yes

## Vehicle Information

17 digit Vehicle Identification Number (VIN):  
(Located under windshield on driver's side dashboard)

1G1YY2265W5127204

(3 Pages)

QC

Copies

Proceed to Next Section

**Help**

The Privacy Act of 1974 - Public Law 93-579, As Amended; This information is requested pursuant to the 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 administration enforcement or litigation against a manufacturer, your response, or statistical summary thereof, may be used in support of the agency's action.

NHTSA's Full Privacy Statement



Send mail to the Web Master

July 10<sup>th</sup> My 1998 Corvette had problems with the steering column, it had to be towed to dealership. The dealership (Cooper Chevrolet) replaced motor in steering column.  
Aug. 2<sup>nd</sup>

I experienced the same problem, AGAIN. The dealership was notified, they instructed my husband on how to "unlock steering column." It hasn't happened again, however it hasn't been driven much lately, due to this problem. I will not be stranded again. The car will be taken back to the dealership this week.

Another problem I have experienced with my Corvette is the covers on the inside of headlights. They are small round plastic covers; they will not stay on. The dealership has replaced many times. I need a large box so I can replace daily.

THANKS

