



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
 TO REPORT VEHICLE SAFETY DEFECTS
 1-888-DASH-2-DOT
 (1-888-327-4236)
 INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received _____

Office _____

Reference No. _____

Posted **COPIED**
 RECEIVED

QC'd

OFFICE DEFECTS INVESTIGATION
 563500
 (10-5 T-Sat)

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Do you authorize in the absence of your signature, the undersigned to contact the vehicle manufacturer?

YES NO

Signature of Owner _____

Date 9, 21, 01

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) <u>1GBEL19W0VB141094</u>		Make <u>Chevrolet</u>	Model <u>Astro Van</u>	Year <u>1997</u>
Purchased Date <u>11-6-97</u>	Dealer's Name <u>MARTIN CHEVROLET</u>		Engine Size (CID/CCL) <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>Warren, Ohio</u>	State <u>Ohio</u>	Zip Code _____	No. Cylinders <u>6</u>
Manufacture Date (on driver's door or pillar) <u>6-20-97</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Drivetrain <input checked="" type="checkbox"/> All Wheel <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>Van</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>Windshield Wipers</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand _____	Tire Name _____
Complete Tire Size _____	DOT No. _____
No. of Failures _____	Date(s) of Failure(s) _____
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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). Once in a while my windshield wipers do not work. Sometimes they just never come on. Sometimes they quit working while I'm driving. You never know when this will happen. This problem started at about 40,000 miles. Now I have 54,000 miles. At first it happened about once every 4 mos. Now about once every 2 mos. My brother has a '96 Astro Van and has the same problem. I didn't take it to a mechanic because it doesn't always happen. It could cause a real problem. Today I was driving in the rain, wipers quit for a about

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

five minutes, then they started working again. Very strange and unsafe. Winter is coming. The service manager at Martin Chevrolet said that there was a recall on some GM windshield wipers but not on mine. It's more than a coincidence that my brother has the same problem with his '96 Astro van.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



BUSINESS REPLY MAIL
FIRST CLASS 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

2039010002



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

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1-888-327-4236

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(DASH) 2 DOT



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National Highway Traffic Safety
Administration

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