



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY §20

Date Received

10-DEC-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8000527

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G1WL52M3V9250594		CHEVROLET	LUMINA	1997	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
				☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Body Style	
				☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01310000 01400000	Part Name(s) STEERING:POWER ASSIST:PUMP STEERING:GEAR:RACK AND PINION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No. of Failure	Dates of Failure(s) 01-NOV-2001	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 47000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION

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

Crash ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured C	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IT IS DIFFICULT TO MAINTAIN STEERING CONTROL OF THE VEHICLE. VEHICLE COULD NOT BE DIRECTED WHEN POWER ASSISTED STEERING WOULD FAIL. THIS OCCURRED MORE FREQUENTLY WHILE TRAVELING AT LOW SPEEDS AND MAKING A TURN. AN INDEPENDENT MECHANIC REPLACED POWER STEERING PUMP AND RACK AND PINION WHICH CORRECTED THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*AK

COPIES OF THIS FORM ARE:

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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Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1058

Date Received

26-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8000527

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) (Locate at bottom of windshield or door frame) 1B4GP44G7YB	Vehicle Make DODGE TRUCK	Vehicle Model GRAND CARAVA	Vehicle Year 2000	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L 6 CYL) No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 1	Dates of Failure(s) 26-NOV-2001 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☒ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING, VEHICLE LOST POWER AND ENGINE CAUGHT ON FIRE, CLAIM 46-0158-766. *SLC

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U.S. Department
of Transportation
National 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 920

Date Received: 11-DEC-2001

11-DEC-2001
OFFICE
DEFECTS INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

8000527

OWNER INFORMATION (Type or Print)

729686

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized signature, please print name and address to the
Signature of Owner _____

YES ☒ NO ☐

Date 12/21/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom
windshield on driver's side)

2G1WL52M3V9250594

Vehicle Make

CHEVROLET

Vehicle Model

LUMINA

Vehicle Year

1997

Current Odometer Reading

49,253

Purchase Date

03/19/97

Dealer's Name

LAY-FISHER CHEV.-OLDS INC.
601 FRONTAGE RD.

City

LORIS

State

SC

Zip Code

29569

Engine Size

191

No. Cylinders

6

Turbo

Diesel

Gas

Fuel Injection ☒

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☒ 3-Point Belt☐ Motorbelt☒ Driverside Airbag☐ 2-Point Belt☒ Passengerside Airbag

Cruise Control

☒ Yes☐ No

Drive Train

☒ Front☐ Rear☐ 4-Wheel

Vehicle Type

☒ Car☐ Van☐ Minivan☐ Other☐ Sport Utility☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☒ Stationwagon☐ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

01310000

01400000

Part Name(s)

STEERING POWER ASSIST PUMP
STEERING GEAR RACK AND PINION

Location

☒ Left☒ Front

Failed Part(s)

☒ Right☐ Rear

Failed Part(s)

☒ Original☐ Replacement

No. of Failures

1

Date(s) of Failure(s)

01-NOV-2001

(03-NOV-2001)

Mileage at Failure(s)

47000

(47,500)

Vehicle Speed at Failure(s)

LESS THAN 20 MPH.

Failed Part(s)

☐ Yes☒ No

NHTSA

Previously

☐ Yes☒ 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

☐ Yes☒ No

Fire

☐ Yes☒ No

Number of Persons Injured

0

Number of Fatalities

0

Estimated Property Damage

REPAIR COST
ONLY (\$733.24)

Reported to Police

☐ Yes☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IT IS DIFFICULT TO MAINTAIN STEERING CONTROL OF THE VEHICLE. VEHICLE COULD NOT BE DIRECTED WHEN POWER-ASSISTED STEERING WOULD FAIL. THIS OCCURRED MORE FREQUENTLY WHILE TRAVELING AT LOW SPEEDS AND MAKING A TURN. AN INDEPENDENT MECHANIC REPLACED POWER STEERING PUMP AND RACK AND PINION WHICH CORRECTED THE PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION- DOCUMENTATION.*AK

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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