

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 258

Date Received

20-JAN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

717640

 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 |
| 1G1LV1548TY183338 | CHEVROLET | BERETTA | 1996 | |

| | | | |
|---|---------------------------------------|---------------------------------|--|
| Purchase Date 01-MAR-1996 | Dealer's Name _____ | Engine Size (CID/CC/L) _____ L4 | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|---|---|--|--|---|--|--|
| Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____ | Body Style <input checked="" 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 07100000 | Part Name(s) POWER TRAIN:CLUTCH ASSEMBLY | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures 1 | Date(s) of Failure(s) 11-NOV-1997 Mileage at Failure(s) 12375 Vehicle Speed at Failure(s) 80 | 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 checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|---------------------------|---|

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

DEALERSHIP (QUALITY CHEVROLET) WAS VERY COURTEOUS AND TRIED TO DO EVERYTHING THEY COULD TO HELP. THEY CALLED GM SEVERAL TIMES, AND PROVIDED ME WITH ALTERNATE TRANSPORTATION, INCLUDING SHUTTLE SERVICE AND A RENTAL CAR AND A LOANER CAR. THEY PICKED UP THE TOW THE LAST TIME. 1ST FAILURE REPLACED PLATE ASM 0.886, PLATE ASM 0.859, CYLINDER 0.780, CLUTCH DISK, COVER & RELEASE BEARING/CYLINDER RESURFACE FLYWHEEL; 2ND FAILURE REPLACE CLUTCH SLAVE CYLINDER 0.780 RELEASE BEARING; 3RD FAILURE FLUID LOW LEAKING OUT SLAVE CYLINDER, REPLACED SLAVE CYLINDER 0.780, BLEED SYSTEM; 4TH FAILURE REPLACED CLUTCH DISC AND COVER, RELEASE BEARING, RESURFACED FLYWHEEL - PLATE ASM 0.859, PLATE ASM 0.886, CYLINDER 0.780 FLUID EACH TIME ALSO.

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.