



**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 |   |
|-------------------------|---|
| Data Received           | Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_ltr _____ |
| 17-FEB-2000             | Reference No.<br><b>718877</b>                            |

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   |   |  |
| <b>1GNFK16K0SJ366404</b>  | <b>CHEVROLET TRU</b>   | <b>SUBURBAN</b>   | <b>1995</b>  |  |   |  |
| Purchase Date   | Dealer's Name _____  | Engine Size (CID/CYL) <b>5.7L</b>   | <input type="checkbox"/> Turbo   |  |   |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                   | City _____ State _____ Zip Code _____                                  | No Cylinders _____  | <input type="checkbox"/> Diesel  |  |   |  |
|   |  |   | <input type="checkbox"/> Gas   |  |   |  |
|   |  |   | <input checked="" type="checkbox"/> Fuel Injection                     |  |   |  |
| Transmission Type   | Antilock Brakes  | Restraint System  | Cruise Control   | Drive Train  | Vehicle Type  | Body Style   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                   | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbell<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____              | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input checked="" type="checkbox"/> Other _____ |
|   |  |   |  |  | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck |  |

| FAILED COMPONENT(S)/PART(S) INFORMATION |   |   |   |
|---|---|---|---|
| Component<br><b>10312000</b>            | Par. Name(s)<br><b>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</b>  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br><b>1</b>              | Date(s) of Failure(s) <b>11-FEB-2000</b><br>Mileage at Failure(s) <b>72000</b><br>Vehicle Speed at Failure(s) <b>80</b> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**WINDSHIELD WIPER MOTOR FAILED ON THE INTERSTATE AT 60MPH, CAUSING LOSS OF VISION BECAUSE OF SALT SPRAY. HAD TO PULL OF HIGHWAY AND USE BACK ROADS TO DRIVE ON AND STOP OFTEN TO CLEAN THE WINDSHIELD BY HAND. FOUND A PARTS STORE AND REPLACED IT IN THE PARKING LOT. NOT A FUN TRIP. \*AK**

CONTINUED ON BACK (REVERSE)

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.