

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**

Data Received

03-MAR-2000

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

Reference No.

719626

 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
1GBFG15R1W1098160	CHEVROLET TRU	CHEVY VAN	1998	

Purchase Date <b>01-MAY-1998</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>5.7 L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input 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 type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 checked="" 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 type="checkbox"/> Other _____
--	---	---	--	---	---	---

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

Component <b>03250000</b>	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	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 <b>1</b>	Date(s) of Failure(s) <b>14-DEC-2000</b> Mileage at Failure(s) <b>26010</b> Vehicle Speed at Failure(s) <b>35</b>	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 <b>2</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

I WAS DRIVING SOUTH IN A FOUR LANE ROAD. A CAR WAS COMING NORTH AND TURNED INTO ME TO MAKE A LEFT TURN. MY DRIVER'S SIDE FRONT WAS HIT, THE WHEEL WENT FLAT. UPON SEEING HIM COME INTO ME, I PUT MY FOOT ON THE BRAKE AND SOMETHING SNAPPED. THE BRAKE PEDAL WENT UP INTO THE STEERING COLUMN. I COULD NOT KEEP THE CAR STRAIGHT. I WENT INTO TWO LANES OF ONCOMING TRAFFIC BEFORE HITTING A FENCE WHICH STOPPED THE CAR. I HAD NO BRAKES. MY ANKLE IS BROKE AND I'M IN A CAST BECAUSE OF THE PEDAL SNAPPING UPWARD. UPON IMPACT, THE THIRD BENCH IN THE VAN UNBOLTED AND WENT FORWARD. I WAS ALONE IN THE VAN THAT DAY, THANK GOD. I AM LUCKY THERE WAS NO TRAFFIC COMING. I COULD HAVE BEEN KILLED OR KILLED SOMEONE BECAUSE I COULD NOT STOP THE CAR. I FEEL THE BRAKES COULD HAVE BEEN MADE SAFER.

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.