

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

27-JUN-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

724614

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>(located at bottom of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|--|---------------|---------------|--------------|--------------------------|
| 1GCCS1445TK206157 | CHEVROLET TRU | S10 | 1996 | |

| | | | |
|---|---------------------------------------|-------------------------------|---|
| Purchase Date 01-JUN-1996 | Dealer's Name _____ | Engine Size (CID/CCL) 2.2L | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | <input type="checkbox"/> Fuel Injection <input checked="" type="checkbox"/> |

| | | | | | | |
|---|---|--|--|---|--|--|
| Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inertial Bell <input type="checkbox"/> 2-Point Belt | 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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other |
|---|---|--|--|---|--|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-----------------------|---|--|---|
| Component 07300000 | Part Name(s) POWER TRAIN: TRANSMISSION: AUTOMATIC: COOLING UNIT AND LI | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------|---|--|---|

| | | | | | |
|----------------------|--------------------------------------|--------------------------------|-----------------------------------|---|---|
| No. of Failures 2 | Date(s) of Failure(s) 21-NOV-1997 | Mileage at Failure(s) _____ | Vehicle Speed at Failure(s) 60 | 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 0 | Number of Fatalities 0 | Estimated Property Damage _____ | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--------------------------------|---------------------------|------------------------------------|---|

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

TRANSMISSION LEAKS FLUID. AT TIME OF INCIDENT, ALL TRANSMISSION FLUID HAD LEAKED OUT AND TRANSMISSION SEIZED WHILE DRIVING ON THE HIGHWAY. WAS REPLACED BY OPEL DEAL (NEAREST GM AFFILIATE, WE CURRENTLY RESIDE IN GERMANY, USAF). WITH IN 2 MONTHS THE SAME PROBLEM OCCURRED. STILL NOT FIXED. HAVING PROBLEMS CONTACTING SOMEONE HERE TO REPAIR IT. THIS PROBLEM COULD HAVE POSSIBLY CAUSE AN ACCIDENT AND INJURED SOMEONE.*AK

CONTINUE ON BACK IF NEEDED

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.