

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
AdministrationDOT 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

27-SEP-2000

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

Reference No.

732609

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 |
| 1GCDM19WXVB182109   | CHEVROLET TRU | ASTRO         | 1997         |                          |

|   |                                       |                             |   |
|---|---------------------------------------|-----------------------------|---|
| Purchase Date<br><b>01-APR-1997</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) 4.3L | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         |   |

|  |   |  |  |   |  |   |
|--|---|--|--|---|--|---|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input checked="" type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--|---|--|--|---|--|---|

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

|                       |  |   |   |
|-----------------------|--|---|---|
| Component<br>06440000 | Par. Name(s)<br>FUEL:THROTTLE LINKAGES AND CONTROL:CAM:FAST IDLE | 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>500</b> | Date(s) of Failure(s) 01-JUN-1997<br>Mileage at Failure(s) 3000<br>Vehicle Speed at Failure(s) _____ | 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<br>0 | Number of Fatalities<br>0 | 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)**

VERY FAST IDLE, INTRMITTENT, WILL ACCELERATE VEHICLE BEYOND 60 MPH WITH NO GAS PEDAL. CARRIED VEHICLE DATA RECORDER FOR 3 WEEKS, RECORDED 4 EVENTS. DEALER CLAIMS NORMAL FAST IDLE DURING DECELERATION AS EMISSION FEATURE. MY QUESTION, ACCEL BEYOND 60MPH WITH NO PEDAL IS NOT EMISSION CONTROL, IT IS UN-SAFE. IT REQUIRES BRAKES TO MAINTAIN 50MPH ON FLAT GROUND WHEN THE INTERMITTENT PROBLEM KICKS IN. I HAVE HAD 3 YEARS OF DEALER EXCUSES, AS THEY DO NOT WANT TO SPEND THE MONEY TO FIX EVEN UNDER EXTENDED 100,000 MILE WARANTY. THEY CLAIM TO NOT KNOW WHAT TO DO AS THERE IS NO ENGINE CHECK LIGHT OR STORED CODES. THIS HAS CAUSED SEVERAL DRIVING CONCERN INCIDENTS AND 2 VERY CLOSE CALLS WHEN IT DECIDES TO KICK IN.\*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.

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-SEP-2000

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

Reference No.

732609

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 |
| 1GCDM19WXVB182109   | CHEVROLET TRU | ASTRO         | 1997         |                          |

|   |                                       |                             |   |
|---|---------------------------------------|-----------------------------|---|
| Purchase Date<br><b>01-APR-1997</b>                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) 4.3L | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         |   |

|  |   |  |  |   |   |   |
|--|---|--|--|---|---|---|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--|---|--|--|---|---|---|

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

|                       |  |  |   |
|-----------------------|--|--|---|
| Component<br>06440000 | Par. Name(s)<br>FUEL:THROTTLE LINKAGES AND CONTROL:CAM:FAST IDLE | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--|--|---|

|                               |  |   |   |
|-------------------------------|--|---|---|
| No. of Failures<br><b>500</b> | Date(s) of Failure(s) 01-JUN-1997<br>Mileage at Failure(s) 3000<br>Vehicle Speed at Failure(s) _____ | 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<br>0 | Number of Fatalities<br>0 | 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)

VERY FAST IDLE, INTRMITTENT, WILL ACCELERATE VEHICLE BEYOND 60 MPH WITH NO GAS PEDAL. CARRIED VEHICLE DATA RECORDER FOR 3 WEEKS, RECORDED 4 EVENTS. DEALER CLAIMS NORMAL FAST IDLE DURING DECELERATION AS EMISSION FEATURE. MY QUESTION, ACCEL BEYOND 60MPH WITH NO PEDAL IS NOT EMISSION CONTROL, IT IS UN-SAFE. IT REQUIRES BRAKES TO MAINTAIN 50MPH ON FLAT GROUND WHEN THE INTERMITTENT PROBLEM KICKS IN. I HAVE HAD 3 YEARS OF DEALER EXCUSES, AS THEY DO NOT WANT TO SPEND THE MONEY TO FIX EVEN UNDER EXTENDED 100,000 MILE WARANTY. THEY CLAIM TO NOT KNOW WHAT TO DO AS THERE IS NO ENGINE CHECK LIGHT OR STORED CODES. THIS HAS CAUSED SEVERAL DRIVING CONCERN INCIDENTS AND 2 VERY CLOSE CALLS WHEN IT DECIDES TO KICK IN.\*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.