



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1362

Date Received

25-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8002898

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) (Locate at bottom of windshield or driver's side)		Vehicle Make CHEVROLET TRUCK	Vehicle Model C30	Vehicle Year 1995	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	Cruise Control ☐ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____ Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE APPLYING BRAKES VEHICLE DOES NOT RESPOND TO A COMPLETE STOP, VEHICLE SKIDS FORWARD.*AK

CONTINUE ON 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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		AGENCY USE ONLY 1362 Date Received _____ 25-JAN-2002 OFFICE DEFECTS INVESTIGATION Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 8002898 Work Number _____ Phone Number 810-686-6564 ☒ YES ☐ NO Date 5/23/02	
OWNER INFORMATION (Type or Print) [Redacted] MONT MORAS MI [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of [Redacted] and address to the vehicle manufacturer. Signature of Owner [Redacted]			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Location: bottom of windshield near driver's feet) 14CG635K6SF204999		Vehicle Make CHEVROLET TRU Vehicle Model C30 Vehicle Year 1994 Current Odometer Reading 117283	
Purchase Date 9-12-96 ☐ New ☒ Used		Dealer's Name AL SEARA City OD BLANC State MI Zip Code _____ Engine Size CID/CYL 350 No. Cylinders 8 ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driver's side Airbag ☐ 2-Point Belt ☐ Passenger's side Airbag Cruise Control ☐ Yes ☒ No Drive Type ☐ Front ☒ Rear ☐ 4-Wheel	
Vehicle Type ☒ Car ☐ Sport UT ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up ☐ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03200000 Part Name(s) BRAKES:HYDRAULIC SYSTEM Location ☐ Left ☐ Front ☐ Right ☐ Rear Failed Part(s) ☒ Original ☐ Replacement		No. of Failures 5 Date(s) of Failure(s) 5 TIMES IN 5 Mileage at Failure(s) VRS Vehicle Sold at Failure(s) _____ Failed Parts: ☐ Yes ☐ No NHTSA Previously ☐ Yes ☐ 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 ☐ Yes ☒ No		Reported to Police ☐ Yes ☒ No	
Number of Persons Injured _____		Number of Fatalities _____	
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHILE APPLYING BRAKES VEHICLE DOES NOT RESPOND TO A COMPLETE STOP, VEHICLE SKIDS FORWARD. *AK APPROXIMATE A TRAFFIC STOP ON A ROUGH ROAD SURFACE BRAKES WILL APPLY FOR A FRACTION OF A SECOND THEN RELEASE, VEHICLE WILL THEN COAST WITH NO BRAKES AND COAST THRU TRAFFIC STOP			

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-573: 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.