



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 1039

Date Received

08-MAR-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8005226

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>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUCK	VENTURE	2001			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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 Failure	Dates of Failure(s) 06-MAR-2002 Mileage at Failure(s) 10 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE GOING DOWNHILL APPLIED BRAKES AND PEDAL WENT TO FLOOR. BRAKES WOULD NOT HOLD.
DEALER CONTACTED. PLEASE ADD VIN. *AK

COPIED FROM NHTSA FORM 1039

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 1039</p> <p>Date Received: <u>08-MAR-2002</u></p> <p>OFFICE OF DEFECTS INVESTIGATION</p>
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Od. or rt. dt. _____ od. rt. _____ lp. fr. _____</p> <p>Reference No. <u>0605226</u></p>

OWNER INFORMATION (Type or Print)	
<p>Signature: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: <u>742414</u></p>	<p>Work Number _____</p> <p>Home Number _____</p>

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.) _____	Vehicle-Mark CHEVROLET TRUCK	Vehicle Model VENTURE	Vehicle Year 2001	Current Odometer Reading 17000
Purchase Date: <u>7/01</u>	Dealer's Name: <u>Town + Co.</u>		Engine Size (CID/CC): _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: <u>Wilkes-Barre</u> State: <u>Pa</u> Zip Code: <u>17261</u>		No. Cylinders: _____	<input type="checkbox"/> Diesel
Transmission Type: <input checked="" type="checkbox"/> Automatic	Antilock Brakes: <input checked="" type="checkbox"/> Yes	Restraint System: <input type="checkbox"/> 3-Point Belt, <input type="checkbox"/> Driverside Airbag, <input type="checkbox"/> Passengerside Airbag	Cruise Control: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Gas
<input type="checkbox"/> Manual	<input type="checkbox"/> No	<input type="checkbox"/> Motorbelt, <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> No	<input type="checkbox"/> Fuel Injectio
Drive Train: <input type="checkbox"/> Front, <input type="checkbox"/> Rear, <input type="checkbox"/> 4-Wheel	Vehicle Type: <input checked="" type="checkbox"/> Van	Body Style: <input type="checkbox"/> 2-Door, <input type="checkbox"/> 4-Door, <input type="checkbox"/> Stationwagon, <input type="checkbox"/> Pick Up, <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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: <u>1</u>	Date(s) of Failure(s): <u>06-MAR-2002</u>	Failed Part(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s): <u>10</u>		
	Vehicle Speed at Failure(s): _____		

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 checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: <u>0</u>	Number of Fatalities: <u>0</u>	Estimated Property Damage: <u>0</u>	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE GOING DOWNHILL APPLIED BRAKES AND PEDAL WENT TO FLOOR. BRAKES WOULD NOT HOLD. DEALER CONTACTED. PLEASE ADD VIN. *AK

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