



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

14-MAR-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8005692

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 and/or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRUC	C2500	1997			
Purchase Date <input type="checkbox"/> New <input checked="" 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 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 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC 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) _____ Mileage at Failure(s) _____ RD 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
---	--	---------------------------	----------------------	--------------------------	--

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

BRAKE PEDAL GOES HALF WAY DOWN. TOOK VEHICLE TO DEALER ,HAD BRAKES REPAIRED. DEALER INDICATED THERE WAS NOT ENOUGH ADJUSTMENT TO KEEP BRAKE PEDAL FROM GOING DOWN. PLEASE ADD VIN. *AK

COPIED FROM NHTSA FILE # 10

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		FOR AGENCY USE ONLY		1039				
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		Date Received: <u>14-MAR-2002</u> 02 APR 19 PM OFFICE DEFECTS INVESTIGATION				
OWNER INFORMATION (Type or Print)		Od. or n. dt. od. r1. sp. ltr. _____ Reference No. 8005692		Work Number _____ Home Number _____				
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>4/2/02</u>		Signature of Owner _____				
VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GCFG25R4V1C1624</u>		Vehicle Make <u>V3h CHEVROLET</u>	Vehicle Model <u>C2500</u>	Vehicle Year <u>1997</u>	Current Odometer Reading <u>70,000</u>			
Purchase Date <u>3-20-97</u>	Dealer's Name <u>ALLEN Tillery Chev</u> <u>Hot Springs</u> City <u>Hot Springs</u> State <u>Ark</u> Zip Code <u>71913</u>		Engine Siz (CID/CC/L) <u>350</u>	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used			
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 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 checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other			
<input type="checkbox"/> Sport Ult <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 type="checkbox"/> Pick Up <input checked="" type="checkbox"/> V3h	<th>FAILED COMPONENT(S)/PART(S) INFORMATION</th>						FAILED COMPONENT(S)/PART(S) INFORMATION
Component <u>03200000</u>	Part Name(s) <u>BRAKES:HYDRAULIC SYSTEM</u>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement				
No of Failures <u>Constant</u>	Date(s) of Failure(s) <u>3-5-01</u>		Mileage at Failure(s) <u>60,000</u>	Vehicle Speed at Failure(s) _____	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	<th>APPLICATION INCIDENT INFORMATION</th>						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 Damage _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
BRAKE PEDAL GOES HALF WAY DOWN. TOOK VEHICLE TO DEALER, HAD BRAKES REPAIRED. DEALER INDICATED THERE WAS NOT ENOUGH ADJUSTMENT TO KEEP BRAKE PEDAL FROM GOING DOWN. PLEASE ADD VIN. *AK								
(Had several Near Accidents)								
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.								

Fold to show Return Address (no stamp needed) Fasten with tape or string and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Brake problems began in Aug 2001 Had rear brakes checked and they had about 3/4 lining remaining. Front brakes had about 1/2 lining remaining but only could get 1/2 pedal. Had brakes bled with no results I had disc brakes replaced with no improvement.

Finally had rear linings replaced with premium Wagner linings. At this time it was found that the adjustment on the rear wheels had no adjustment left on it and that even though there was 1/2 lining remaining on the shoes they were not making contact when the brakes were applied. Result was no braking by the rear wheels.

Note: (These are self adjusting brakes.)

U.S. G.P.O. 1992 - 655-077-6000

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 7373 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

