Form Approved: OMB No. 2127-0042

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 1367

Date Received: 02-MAY-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8009031

[redacted]

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 on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
PLEASE FILL IN	CHEVROLET	LUMINA	1990	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
13160000	STRUCTURE:FRAME:MEMBERS AND BODY:OTHER PARTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
1	25-JUN-2000	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 130		
	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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No	1			☐ Yes ☐ No

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

CONSUMER STATES THAT STEERING MECHANISUM BROKE WHILE DRIVING CAUSING DRIVER TO LOSS STEERING CONTROL OF VEHICLE. VEHICLE RAN INTO THE BACK OF ANOTHER VEHICLE CAUSING MAJOR INJURIES TO DRIVER. CAR TOTALLED. RECEIVED RECALL LETTER FOR STEERING MECHANISUM AFTER ACCIDENT.*JB

CONTINUE OTHER SIDE IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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 1367

Date Received: 02-MAY-2002
OFFICE OF DEFECTS INVESTIGATION

Odi_or
rtodt
odi_rt
up_ltr

Reference No. 8009031

OWNER INFORMATION (Type or Print)

[redacted] 751926

HAZEL CREST IL [redacted]

Work Number [redacted]

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a[redacted]ur name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date ___/___/___

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
2GNNI4YTSL9[redacted]3565 PLEASE FILL IN	CHEVROLET	LUMINA	1990	

Purchase Date
☐ New ☒ Used

Dealer's Name ARROW CHEVROLET
City Mid Lothian State IL Zip Code

Engine Siz (CID/CC/L)
No Cylinders 6

☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☒ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
13160000	STRUCTURE:FRAME:MEMBERS AND BODY:OTHER PARTS CARRIAGE BOLT	☐ Left ☐ Right ☒ Front ☐ Rear	☒ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
1	Date(s) of Failure(s) 25-JUN-2000 Mileage at Failure(s) 130 Vehicle Speed at Failure(s) 55 MPH	☒ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

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

CONSUMER STATES THAT STEERING MECHANISUM BROKE WHILE DRIVING CAUSING DRIVER TO LOSS STEERING CONTROL OF VEHICLE. VEHICLE RAN INTO THE BACK OF ANOTHER VEHICLE CAUSING MAJOR INJURIES TO DRIVER. CAR TOTALLED. RECEIVED RECALL LETTER FOR STEERING MECHANISUM AFTER ACCIDENT.*JB

CONTINUE ON BACK IF NEEDED

The Privacy [illegible] subsequ[illegible] determini[illegible] enforcem[illegible] blic Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and You are under no obligation to respond this questionnaire. Your response may be used to assist the NHTSA in nufacturer should take appropriate action to correct a safety defe[illegible] NHTSA proceeds with administrative gainst a manufacturer, your response, or a statistical summary t[illegible] may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

On 6/25/2000 While driving down I 80 west, My CAR started to Go into the FAR Right Lane. AFTer Attempting to Steer the CAR back to the Center & My Lane the CAR would Not Respond. When it did it Jerked Me over & the Passing Lane, AFter Almost Getting it under Controll, the CAR turned and Went Straight Across the Express WAY across the middle Median and Hit the back of A Tractor Trailer. It then Went Into A violent Spent (about 6 Times) and Came to Rest on the Side of the Hwy. I then Noticed My Steering wheels All twisted up and My thumb broken And My Seat belt Not been on, I would Have gone thru the WindShield or out the Side Window, either One Would Not Have been A good thing!

ATTACH ADDITIONAL SHEETS IF NECESSARY

US 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 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

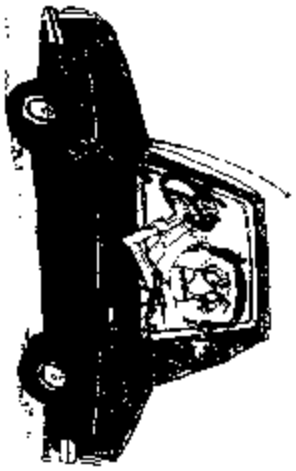
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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