



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 151

Date Received

20-MAY-2002

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

Reference No.

8010081

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 above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNEL19W6WB141802	CHEVROLET TRUC	ASTRO	1998			
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 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 08300000	Part Name(s) ELECTRICAL SYSTEM:WIRING	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) _____ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE CAUGHT FIRE WHILE PARKED IN DRIVEWAY. FIRE STARTED IN THIRD ROW BENCH SEATS OF VEHICLE. THIS CAUSED HOUSE TO CATCH ON FIRE. CAUSE OF FIRE WAS UNDETERMINED. *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.



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 151

Date Received

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Old or
Out
of
Use
Up
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Reference No.

8010081

OFFICE OF SAFETY INVESTIGATION

OWNER INFORMATION (Type or Print)

754714

NESCONSET

NY

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an alternate name and address to the vehicle manufacturer.

YES NO

Signature of Owner

Date 6/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side): 1GNEL19W6WB141302
Vehicle Make: CHEVROLET TRUCK
Vehicle Model: ASTRO
Vehicle Year: 1998
Current Odometer Reading: 42,000 ?

Purchase Date: 1998
Dealer's Name: Bay Shore Chevrolet
City: Bay Shore State: N.Y. Zip Code: 11706
Engine Size (CID/CC/L): ?
No. Cylinders: 6
Transmission: New Used
Turbo:
Diesel:
Gas:
Fuel Injection:

Transmission Type: Manual Automatic
Antilock Brakes: Yes No
Restraint System: 3-Point Belt Motor-belt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel AWD
Vehicle Type: Car Van Minivan Other
Sport Utility Truck:
Motorcycle:
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck DUTCH/door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component #: 00300000
Part Name(s): ELECTRICAL SYSTEM: WIRING
Location: Left Right Front Rear
Failed Part(s): Original Replacement
No. of Failures: _____
Date(s) 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 Damage: \$ 7,000 + TOTAL CAR LOSS
Reported to Police: Yes No

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

VEHICLE CAUGHT FIRE WHILE PARKED IN DRIVEWAY. FIRE STARTED IN THIRD ROW BENCH SEATS OF VEHICLE. THIS CAUSED HOUSE TO CATCH ON FIRE. CAUSE OF FIRE WAS UNDETERMINED. *AK

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.

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

AFTER RETURNING FROM A TRIP CAR PARKED IN DRIVEWAY AT 4:00 P.M. (5/17/02) - APPROXIMATELY 1:30 A.M. (5/18/02) AWAKENED TO CAR BEEPING WHEN I GOT UP TO CHECK SOURCE, SAW FLAMES CLOSE TO BEDROOM WINDOW FROM VAN. CALLED 911 - FIRE DEPARTMENT CAME APPROXIMATELY 15 MINUTES LATER. CAR FULLY ENVELOPED PROBABLY FROM CENTER OF VAN - PROPERTY DAMAGE TO VINYL SIDING GARAGE DRIVEWAY. FIRE RULED UNDETERMINED - TOO BURNT. FLAMES EXTREMELY HIGH & HOT. ARSON SQUAD DETERMINED POSSIBLE MECHANICAL SOURCE. CAR PARKED APPROXIMATELY 5 FEET FROM HOUSE

ATTACH ADDITIONAL SHEETS IF NECESSARY

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



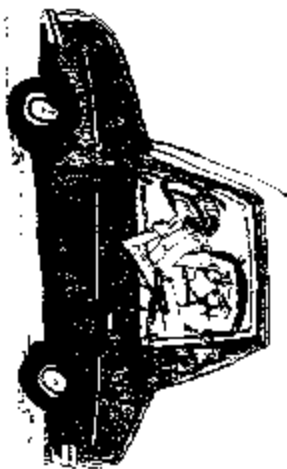
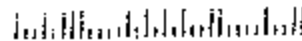
NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 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



U.S. Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/hotline



DOT Auto Safety Hotline (DASH) 2 DOT

1-888-DASH-2-DOT 1-888-327-4236

DASH2DOT and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR



DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE



VEHICLE OWNER'S