



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 798

Date Received

25-JUN-2002

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

Reference No.

8012542

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		
	CHEVROLET TRUCK	ASTRO	2000			
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 checked="" 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 checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 15130000	Part Name(s) EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	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) 02-JAN-2002 Mileage at Failure(s) 14000 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 Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DESIGN OF SLIDING DOOR IS NOT WELL DONE BECAUSE DOOR WILL NOT AUTOMATICALLY LOCK INTO PLACE, LIKE IN OTHER VAN DOORS. CONTACTED DEALER. *AK

COPIED FROM NHTSA FORM 101

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 798	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 760739 CHURCHVILLE PA [Redacted]		DEFECTS INVESTIGATION Date Received: 25-JUN-2002 Office: [Redacted] Reference No.: 8012542 Work Number: [Redacted] Home Number: [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner: [Redacted]		Date: 07/10/02	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side): 1GCDM19W1YB167387	Vehicle Make: CHEVROLET TRUCK	Vehicle Model: ASTRO	Vehicle Year: 2000
Purchase Date: 12-4-01		Current Odometer Reading: 15,400	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name: PRIVATE PARTY	Engine Size (CID/CC/L): No Cylinders: 6	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/>
City: _____ State: _____ Zip Code: _____	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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag
Cruise Control: <input checked="" type="checkbox"/> Yes <input 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 Van <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Minivan <input checked="" 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 <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 15130000	Part Name(s): EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR	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: 6	Date(s) of Failure(s): 02-JAN-2002 Mileage at Failure(s): 14000 Vehicle Speed at Failure(s): 35-50 MPH	Failed Part(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured: - 0 -	Number of Fatalities: - 0 -
Estimated Property Damage: - 0 -	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DESIGN OF SLIDING DOOR IS NOT WELL DONE BECAUSE DOOR WILL NOT AUTOMATICALLY LOCK INTO PLACE, LIKE IN OTHER VAN DOORS. CONTACTED DEALER. *AK LOSS OF BRAKING POWER <TRACTION> ON WET ROADS " " " " " " " " BUMPY ROADS IF PARKED ON A HILL FRONT END DOWN, DOOR CAN CLOSE BY IT'S SELF WITHOUT WARNING. THIS DOOR COULD KILL A SMALL CHILD!			
CONTINUE ON BACK IF NEEDED			
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