



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 1362

Date Received

02-JUL-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8013127

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEL19W7SB122914		CHEVROLET TRUCK	ASTRO	1995	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____
					☐ Sport Util ☐ Truck ☐ Motorcycle ☐ Other _____
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02190000	Part Name(s) SUSPENSION INDEPENDENT FRONT TORSION BAR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates 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	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS PARKED WHILE PURSUING TO DRIVE VEHICLE AND FRONT TIRES STARTED TO RUB AGAINST FRONT FRAME. DEALER WAS NOTIFIED, MECHANIC STATED TORSION BAR WAS CORRODED.

COPIES OF REPORTS - FREE -

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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1362 Date Received <u>02 JUL 2002</u> Office <u>EFFECTS INVESTIGATION</u> Reference No. <u>8013127</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] 762115 CANNON FALLS MO [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an [Redacted] WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] Date <u>07/02/02</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GNEL19W7SB122914</u>		Vehicle Make <u>CHEVROLET TRUCK</u> Vehicle Model <u>ASTRO</u> Vehicle Year <u>1995</u> Current Odometer Reading <u>107,280</u>	
Purchase Date <u>04-08-2001</u> ☐ New ☒ Used		Dealer's Name <u>USED From Private Party</u> City _____ State _____ Zip Code _____	
Engine Size (CID/CC) <u>4.3L</u> No Cylinders <u>6</u>		☐ Turbo Diesel Gas Fuel Injection	
Transmission Type ☒ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☒ Minivan ☐ Other		Body Style ☐ Sport Utility Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>02190000</u>	Part Name(s) <u>SUSPENSION: INDEPENDENT FRONT TORSION BAR</u>	Location ☒ Left ☐ Right ☒ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures <u>1</u>	Date(s) of Failure(s) <u>7-3-02</u> Mileage at Failure(s) <u>106,742</u> Vehicle Speed at Failure(s) <u>ROAD IN GENERAL</u>	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		Reported to Police ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) VEHICLE WAS PARKED WHILE PURSUING TO DRIVE VEHICLE AND FRONT TIRES STARTED TO RUB AGAINST FRONT FRAME. DEALER WAS NOTIFIED, MECHANIC STATED TORSION BAR WAS CORRODED.			

CONTINUE ON BACK IF NEEDED

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