



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 156

Data Received

20-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

854185

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>(Listed at front of windshield or drivers side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GNDM19W7WB187034 | CHEVROLET TRU | ASTRO | 1998 | |

| | | | |
|---|---------------------------------------|------------------------------|--|
| Purchase Date | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|---|--|---|--|---|---|--|
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train | Vehicle Type | Body Style |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <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 <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 06400000 | Par. Name(s) FUEL:THROTTLE LINKAGES AND CONTROL | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures | Date(s) of Failure(s) 01-JUL-1999 Mileage at Failure(s) 24 Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|---------------------------|---|

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

DUE TO THE DEFECTIVE ACCELERATOR THAT BINDS VEHICLE WOULD NOT SLOW DOWN WHEN FOOT IS OFF ACCELERATOR PEDAL OR WHEN APPLYING ACCELERATOR PEDAL. VEHICLE SURGES FORWARD WHICH MAY RESULT IN A CRASH. EADEL R REPLACE THE THROTTLE BODY, BUT THE PROBLEM STILL EXISTS. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUED ON BACK PLEASE

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.

| | | | | | | | |
|---|---|---|---|--|--|---|---|
|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire</h2> <p>NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 388-0123 INTERNET: http://www.nhtsa.dot.gov</p> | | <p>FOR AGENCY USE ONLY 156</p> <p>Date Received 00 JAN 21 PM 9:51 20-DEC-1999 OFFICE OF DEFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ ml_itr _____</p> <p>Reference No. 854185</p> <p>Work Number _____ Home Number _____</p> | | | |
| <p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED]</p> | | | | | | | |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, please provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 1/16/00</p> | | | | | | | |
| <p>VEHICLE INFORMATION</p> | | | | | | | |
| <p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>1GNDM19W7WB187034</p> | | <p>Vehicle Make</p> <p>CHEVROLET TRU</p> | <p>Vehicle Model</p> <p>ASTRO</p> | <p>Vehicle Year</p> <p>1998</p> | <p>Current Odometer Reading</p> | | |
| <p>Purchase Date</p> <p>July 98</p> | <p>Dealer's Name <u>John Jochen Chevrolet</u></p> <p>City <u>STUART</u> State <u>FL</u> Zip Code _____</p> | | <p>Engine Size (CID/CC/L) 4.3L</p> <p>No Cylinders 6</p> | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p> | | | |
| <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p> | <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p> | <p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p> | <p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> | <p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other</p> |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | | | |
| <p>Component</p> <p>08400000</p> | <p>Part Name(s)</p> <p>FUEL THROTTLE LINKAGES AND CONTROL</p> | | <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p> | <p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p> | | | |
| <p>No of Failures</p> | <p>Date(s) of Failure(s) 01-JUL-1999</p> <p>Mileage at Failure(s) 24000</p> <p>Vehicle Speed at Failure(s) ZERO UP TO 70</p> | | <p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | |
| <p>APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p> | | | | | | | |
| <p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured</p> | <p>Number of Fatalities</p> | <p>Estimated Property Damage</p> | <p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> | | | | | | | |
| <p>DUE TO THE DEFECTIVE ACCELERATOR THAT BINDS VEHICLE WOULD NOT SLOW DOWN WHEN FOOT IS OFF ACCELERATOR PEDAL OR WHEN APPLYING ACCELERATOR PEDAL. VEHICLE SURGES FORWARD WHICH MAY RESULT IN A CRASH. DEALER REPLACE THE THROTTLE BODY, BUT THE PROBLEM STILL EXISTS. PLEASE PROVIDE FURTHER INFORMATION. *AK</p> <p>WHEN YOU PUSH THE ACCELERATOR PEDAL, THE THROTTLE LINKAGE BINDS PREVENTING ACCELERATION, UNTIL IT UNBINDS (POPS LOOSE) AND THEN YOU HAVE SUDDEN, RAPID ACCELERATION. ALSO THE LINKAGE HAS STARTED BINDING CAUSING THROTTLE LINKAGE TO FAIL TO RELEASE.</p> | | | | | | | |
| <p>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.</p> | | | | | | | |