

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 333	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
01-FEB-2000	Reference No. 855935

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
	CHEVROLET TRU	SUBURBAN	1995			
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 type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train	Vehicle Type
<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"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<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 type="checkbox"/> Sport Ult <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 checked="" type="checkbox"/> Other _____						

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Par. Name(s)	Location	Failed Part(s)
07360000 10121000 07300000	POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE) VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE POWER TRAIN:TRANSMISSION:AUTOMATIC	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING THROUGH THE MOUNTAIN ON WET ROADS PULLING A 16 FOOT TRAILER W/WOOD ON IT, AND GOING UP A SLIGHT SLOPE. WENT TO PUT 4-WHEEL DRIVE ON AND IT WOULDN'T GO INTO GEAR. HAD TO BE PUSHED OUT BY A BULLDOZER. CONTACTED DEALER, AND WAS TOLD THAT THE ACCUMULATOR HAD GONE OUT. WAS TOLD THIS WAS A CONSISTENT PROBLEM WITH THESE VEHICLE. ALSO, ELECTRIC POWER WINDOW STOPPED WORKING TEMPORARILY. MASTER SWITCH HAD GONE OUT. THIS HAPPENED IN HOT WEATHER. *AK

CONTINUED ON BACK (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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 333</p>	
		<p>Date Received: <u>01-FEB-2000</u></p> <p>OFFICE DEFECTS INVESTIGATION</p>	<p>Od_or _____ at_dt _____ od_rt _____ up_tr _____</p> <p>Reference No. 855935</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] 587725</p>		<p>Work Number _____ Home Number _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized signature, your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 2/8/00

<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GNFK16K65J337831</u></p>		<p>Vehicle Make CHEVROLET TRU</p>	<p>Vehicle Model SUBURBAN</p>	<p>Vehicle Year 1995</p>	<p>Current Odometer Reading _____</p>
<p>Purchase Date <u>9-98</u></p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name <u>GAMBLEN MOTORS</u> City <u>Buckley</u> State <u>WA</u> Zip Code <u>98321</u></p>		<p>Engine Size (CID/CC/L) <u>350</u></p> <p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> 2-Door <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Other <u>Suburban</u> <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____</p>

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component <u>07360660</u> <u>10121060</u> <u>07360660</u></p>	<p>Part Name(s) POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE) VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE POWER TRAIN:TRANSMISSION:AUTOMATIC</p>	<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures _____</p>	<p>Date(s) of Failure(s) <u>05-AUG-1999</u> Mileage at Failure(s) <u>69000</u> Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
<p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

WHILE DRIVING THROUGH THE MOUNTAIN ON WET ROADS PULLING A 16 FOOT TRAILER W/WOOD ON IT, AND GOING UP A SLIGHT SLOPE. WENT TO PUT 4-WHEEL DRIVE ON AND IT WOULDN'T GO INTO GEAR. HAD TO BE PUSHED OUT BY A BULLDOZER. CONTACTED DEALER, AND WAS TOLD THAT THE ACCUMULATOR HAD GONE OUT. WAS TOLD THIS WAS A CONSISTENT PROBLEM WITH THESE VEHICLE. ALSO, ELECTRIC POWER WINDOW STOPPED WORKING TEMPORARILY. MASTER SWITCH HAD GONE OUT. THIS HAPPENED IN HOT WEATHER. *AK

*Actuator

Happens whenever it wants to.

CONTINUE ON BACK IF NEEDED

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