



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 241

Data Received

01-FEB-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

855975

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
1GCCS1448XK132755	CHEVROLET TRU	S10	1997	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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 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 03250000 03270000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM	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) 06-AUG-1999 Mileage at Failure(s) 10200 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE BEEN EXPERIENCING ONGOING PROBLEM WITH BRAKE SYSTEM. AT 3,500 MILES BOTH, CALIPERS AND PADS HAD TO BE REPLACED. AT 6,000 MILES, FOUND BOTH FRONT PADS HAVE BEEN EXCESSIVELY WORN OUT, AND NEEDED TO BE REPLACED AGAIN. CURRENTLY, AT 10,200 MILES BOTH ROTORS NEED TO BE TURNED. CAN NHTSA SHED SOME LIGHT ON THIS MATTER. *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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received <u>01-FEB-2000</u> 01-FEB-2000 OFFICE DEFECTS INVESTIGATION No. <u>855975</u> Work Number <u>401/364-0508</u> Home Number _____	
OWNER INFORMATION (Type or Print) [Redacted] <u>587779</u>		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 [Redacted]	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <u>1GCCS1448XK132755</u>		Vehicle Make <u>CHEVROLET TRU</u> Vehicle Model <u>S10</u> Vehicle Year <u>1997</u> Current Odometer Reading <u>10600</u>	
Purchase Date <u>May 99</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name <u>Heart Chevrolet</u> Engine Size (CID/CC/L) _____ Turbo Diesel Gas Fuel Injection <input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/> City <u>Kingston</u> State <u>NY</u> Zip Code <u>12401</u> No Cylinders <u>4</u>	
Transmission Type <input checked="" type="checkbox"/> Manual <input 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 type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> 4-Door <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>03260000</u> <u>03270000</u>		Part Name(s) <u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u> <u>BRAKES:HYDRAULIC:SHOE:DISC BRAKE SYSTEM</u>	
No of Failures <u>3</u>		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 checked="" type="checkbox"/> Replacement	
Date(s) of Failure(s) <u>06-AUG-1999</u> <u>Nov 1999</u> Mileage at Failure(s) <u>3,500</u> <u>6500</u> Vehicle Speed at Failure(s) _____ <u>Jan - 2000</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" 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 <u>0</u> Number of Fatalities <u>0</u> Estimated Property Damage <u>0</u> Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE BEEN EXPERIENCING ONGOING PROBLEM WITH BRAKE SYSTEM. AT 3,500 MILES BOTH, CALIPERS AND PADS HAD TO BE REPLACED. AT 6,000 MILES, FOUND BOTH FRONT PADS HAVE BEEN EXCESSIVELY WORN OUT, AND NEEDED TO BE REPLACED AGAIN. CURRENTLY, AT 10,200 MILES BOTH ROTORS NEED TO BE TURNED. CAN NHTSA SHED SOME LIGHT ON THIS MATTER. *AK also at 6,000 miles hoses to the system had to be replaced.			
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.			