

U.S. Department  
of TransportationNational 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

Date Received

03-FEB-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

856213

 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>(located at front of windshield on drivers side)</small><br><b>3GNFK16R6VVG16709</b> | Vehicle Make<br><b>CHEVROLET TRU</b> | Vehicle Model<br><b>SUBURBAN</b> | Vehicle Year<br><b>1997</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-----------------------------|--------------------------|

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                              |                                                                                                                     |                                                                                                                                          |                                                                                             |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>03250000</b> | Part Name(s)<br><b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>                                                            | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures               | Date(s) of Failure(s) <u>20-JAN-1999</u><br>Mileage at Failure(s) <u>36000</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

BRAKE PEDAL GOES DOWN TO THE FLOOR WHENEVER BRAKES ARE APPLIED. DEALER WAS NOT NOTIFIED AT THIS TIME. \*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.

|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                          |  | <b>FOR AGENCY USE ONLY 241</b><br><b>RECEIVED</b><br><b>00 FEB 28 AM 7:27</b><br><b>03-FEB-2000</b><br><b>OFFICE</b><br><b>DEFECTS INVESTIGATION</b>                                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Od or</b> _____<br><b>rt dt</b> _____<br><b>od rt</b> _____<br><b>up tr</b> _____                                                                                                                                                                                                                                       |  |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <b>588415</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Reference No.</b><br><b>856213</b>                                                                                                                                                                                                                                                                                      |  |
| <b>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?</b><br><b>In the absence of your signature, the vehicle manufacturer.</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <input checked="" type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b><br><b>Date</b> <u>2/18/00</u>                                                                                                                                                                                                            |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                            |  |
| <b>Vehicle Ident. No. (VIN.)</b> (Located at bottom of windshield on driver's side)<br><b>3GNFK16R6VVG16709</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Vehicle Make</b> <b>CHEVROLET TRU</b> <b>Vehicle Model</b> <b>SUBURBAN</b> <b>Vehicle Year</b> <b>1997</b> <b>Current Odometer Reading</b> <b>39,791.9</b>                                                                                                                                                              |  |
| <b>Purchase Date</b> <u>9-25-97</u><br><input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Used</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Dealer's Name</b> <u>BASS CHEVROLET</u><br><b>WARRENSVILLE</b><br><b>City</b> <u>HEIGHTS</u> <b>State</b> <u>OH</u> <b>Zip Code</b> <u>44128</u>                                                                                                                                                                        |  |
| <b>Engine Size (CID/CC/L)</b> <u>350</u><br><b>No Cylinders</b> <u>8</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input type="checkbox"/> <b>Turbo</b><br><input type="checkbox"/> <b>Diesel</b><br><input type="checkbox"/> <b>Gas</b><br><input checked="" type="checkbox"/> <b>Fuel Injection</b>                                                                                                                                        |  |
| <b>Transmission Type</b><br><input type="checkbox"/> <b>Manual</b><br><input checked="" type="checkbox"/> <b>Automatic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Antilock Brakes</b><br><input checked="" type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b>                                                                                                                                                                                                             |  |
| <b>Restraint System</b><br><input checked="" type="checkbox"/> <b>3-Point Belt</b> <input type="checkbox"/> <b>Motorbelt</b><br><input checked="" type="checkbox"/> <b>Driverside Airbag</b> <input type="checkbox"/> <b>2-Point Belt</b><br><input checked="" type="checkbox"/> <b>Passengerside Airbag</b>                                                                                                                                                                                                                                                                               |  | <b>Cruise Control</b><br><input checked="" type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b>                                                                                                                                                                                                              |  |
| <b>Drive Train</b><br><input type="checkbox"/> <b>Front</b><br><input type="checkbox"/> <b>Rear</b><br><input checked="" type="checkbox"/> <b>4-Wheel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>Vehicle Type</b><br><input type="checkbox"/> <b>Car</b> <input checked="" type="checkbox"/> <b>Sport Ut</b><br><input type="checkbox"/> <b>Van</b> <input type="checkbox"/> <b>Truck</b><br><input type="checkbox"/> <b>Minivan</b> <input type="checkbox"/> <b>Motorcycle</b><br><input type="checkbox"/> <b>Other</b> |  |
| <b>Body Style</b><br><input type="checkbox"/> <b>2-Door</b><br><input checked="" type="checkbox"/> <b>4-Door</b><br><input type="checkbox"/> <b>Stationwagon</b><br><input type="checkbox"/> <b>Pick Up Truck</b><br><input checked="" type="checkbox"/> <b>Other</b>                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                            |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                            |  |
| <b>Component</b> <b>03260400</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>Part Name(s)</b> <b>BRAKES:HYDRAULIC;ANTI-SKID SYSTEM</b>                                                                                                                                                                                                                                                               |  |
| <b>Location</b><br><input type="checkbox"/> <b>Left</b> <input type="checkbox"/> <b>Right</b><br><input checked="" type="checkbox"/> <b>Front</b> <input type="checkbox"/> <b>Rear</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>Failed Part(s)</b><br><input checked="" type="checkbox"/> <b>Original</b><br><input type="checkbox"/> <b>Replacement</b>                                                                                                                                                                                                |  |
| <b>No of Failures</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>Date(s) of Failure(s)</b> <u>20-JAN-1999</u><br><b>Mileage at Failure(s)</b> <u>38000</u><br><b>Vehicle Speed at Failure(s)</b> <u>15 TO 20 MPH - AFTER STOP</u>                                                                                                                                                        |  |
| <b>Failed Part(s) Available?</b><br><input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>NHTSA Previously Contacted?</b><br><input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                    |  |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                            |  |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                            |  |
| <b>Crash</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>Fire</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                                                                                                                           |  |
| <b>Number of Persons Injured</b> <u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Number of Fatalities</b> <u>NONE</u>                                                                                                                                                                                                                                                                                    |  |
| <b>Estimated Property Damage</b> <u>NONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Reported to Police</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                                                                                                             |  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                            |  |
| <p><u>Y2" SOMETIMES WHEN</u><br/> <b>BRAKE PEDAL GOES DOWN WHEN BRAKES ARE APPLIED. DEALER WAS NOT NOTIFIED AT THIS TIME. "AK I HAD BRAKE PADS PUT ON THE FRONT, ON 2/4/00, AT A CHEVY DEALERSHIP (SPITZER)". "I" STILL FEEL THE BRAKE PEDAL GO DOWN ABOUT ANOTHER Y2" INCH AFTER I HAVE STOPPED. MY HUSBAND DOESN'T FIND THIS TO BE HAPPENING WHEN HE DRIVES THE CAR AT THIS TIME.</b></p>                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                            |  |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                            |  |
| <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> |  |                                                                                                                                                                                                                                                                                                                            |  |