

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 125

Date Received

14-FEB-2000

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

Reference No.

856788

 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.)<br><small>(Listed at front of windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1G1LW15M6RY140610  | CHEVROLET    | BERETTA       | 1994         |                          |

|   |                                       |                              |  |
|---|---------------------------------------|------------------------------|--|
| 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 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   | Body Style   |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<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 type="checkbox"/> Other _____ |

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

|                                   |   |  |   |
|-----------------------------------|---|--|---|
| Component<br>12111200<br>13450000 | Part Name(s)<br>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT<br>STRUCTURE: DOOR ASSEMBLY: LATCHES AND LOCKS | 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) _____<br>Mileage at Failure(s) _____<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 checked="" type="checkbox"/> Yes <input 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)

CONSUMER WAS INVOLVED IN A 45 MPH FRONTAL COLLISION IN WHICH THE DRIVER'S AIR BAG DID NOT DEPLOY. ALSO THE DRIVER'S AND PASSENGER'S DOORS WOULD NOT UNLOCK. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. \*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 style="text-align: center;"><b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire (VOQ)</b><br/>                 NATIONWIDE 1-888-DASH-2-DOT<br/>                 1-888-327-4236<br/>                 www.nhtsa.dot.gov/hotline</p>   | <p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 125</p> <p>Date Received <u>14-FEB-2000</u></p> <p style="text-align: center;">OFFICE OF RESEARCH AND STATISTICS</p> <p>Odor _____<br/>                 rt dt _____<br/>                 Ad rfr: <u>07</u><br/>                 up ltr _____</p> <p style="text-align: right;">856788</p> |
| <p style="text-align: center;"><b>OWNER INFORMATION (Type or Print)</b></p> <p style="text-align: right;">589900</p>  |   |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br/>                 In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> |   |
| <p>Signature of Owner _____ Date <u>3/10/00</u></p>   |   |

**VEHICLE INFORMATION**

|  |                                  |                                 |                             |                          |
|--|----------------------------------|---------------------------------|-----------------------------|--------------------------|
| Vehicle Ident. No. (VIN.)<br><small>(Located at bottom of windshield or driver's side)</small><br><b>1G1LW15M6RY140610</b> | Vehicle Make<br><b>CHEVROLET</b> | Vehicle Model<br><b>BERETTA</b> | Vehicle Year<br><b>1994</b> | Current Odometer Reading |
|--|----------------------------------|---------------------------------|-----------------------------|--------------------------|

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| Purchase Date   | Dealer's Name <u>FORD MOTOR CREDIT (EMLAY CITY, MI)</u> | Engine Size (CID/CC/L)<br><u>3.1</u> | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>EMLAY</u> State <u>MI</u> Zip Code _____        | No Cylinders <u>6</u>                |   |

|   |   |  |  |   |   |  |
|---|---|--|--|---|---|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" 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 checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input checked="" type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input checked="" type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
|---|---|--|--|---|---|--|

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

|   |  |  |  |
|---|--|--|--|
| Component<br><b>12111200<br/>13450900</b> | Part Name(s)<br><b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT A<br/>STRUCTURE: DOOR ASSEMBLY: LATCHES AND LOCKS</b>  | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failures<br><u>2</u>                | Date(s) of Failure(s) <u>2-11-00 ?</u><br>Mileage at Failure(s) <u>128000 ??</u><br>Vehicle Speed at Failure(s) <u>40-45 mph</u> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | NHTSA Previously Contacted?<br><input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><u>0</u> | Number of Fatalities<br><u>0</u> | 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)**

**CONSUMER WAS INVOLVED IN A 45 MPH FRONTAL COLLISION IN WHICH THE DRIVER'S AIR BAG DID NOT DEPLOY, ALSO THE DRIVER'S AND PASSENGER'S DOORS WOULD NOT UNLOCK, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. \*AK**

CONTINUE ON BACK IF NEEDED

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