

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 118

Date Received

18-FEB-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857188

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) (located at front of windshield on drivers side) 1GBEL19W0SB205324	Vehicle Make CHEVROLET TRU	Vehicle Model ASTRO	Vehicle Year 1995	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☒ Driverside Airbag ☒ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01530000	Part Name(s) STEERING:LINKAGES:ARM:IDLER AND ATTACHMENT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) <u>15-FEB-2000</u> Mileage at Failure(s) <u>77000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

IDLER ARMS HAD BE REPLACED EVERY 40,000 MILES. THE FIRST TIME IDLER ARMS WERE REPLACED WAS AT 36,000 MILES. ANOTHER SET WAS PUT ON AT 77,000 MILES. STEERING IS VERY LOOSE. DEALER IS AWARE OF THE PROBLEM. FIRST SET WAS REPLACED UNDER WARRANTY. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUED ON BACK (11888)

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 NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 118	
		Date Received NO MAR 27 AM 9 18-FEB-2000 OFFICE DEFECTS INVESTIGATION	Od_or _____ Od_mi _____ up_itr _____ Reference No. 857188
OWNER INFORMATION (Type or Print)  591545			
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 3/17/00			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GBEL19W0SB205324	Vehicle Make CHEVROLET TRU	Vehicle Model ASTRO	Vehicle Year 1995
		Current Odometer Reading 78,376	
Purchase Date Jan 1996 ☒ New ☐ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 4.3L No Cylinders _____ ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☒ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☒ Rear ☒ 4-Wheel		Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other _____	Body Style ☐ Sport Utl ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 01630000	Part Name(s) STEERING:LINKAGES:ARM:IDLER AND ATTACHMENT	Location ☒ Left ☒ Front ☐ Right ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 2	Date(s) of Failure(s) 15-FEB-2000 Mileage at Failure(s) 77000 Vehicle Speed at Failure(s) _____		Failed Part(s) Available? ☐ Yes ☐ No NHTSA Previously Contacted? ☐ Yes ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____
		Estimated Property Damage _____	Reported to Police ☐ Yes ☒ No
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CONTINUE ON BACK IF NEEDED			
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