

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 335

Date Received

24-FEB-2000

 Oid_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

857498

 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 CHEVROLET TRU	Vehicle Model S10	Vehicle Year 1996	Current Odometer Reading
--	--------------------------------------	-----------------------------	-----------------------------	--------------------------

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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <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	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <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 type="checkbox"/> Other _____
--	---	---	--	--	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06212000 12420000 12424000	Part Name(s) FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR:TEI	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 0	Date(s) of Failure(s) 15-FEB-2000 Mileage at Failure(s) 38000 Vehicle Speed at Failure(s) 5	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	---------------------------	---

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

TEMPERATURE GAUGE AND ENGINE CHECK LIGHT CAME ON. DEALER SAID COOLANT AND OIL INTERMIXED IN THE CRANKSHAFT WHICH WQA CAUSED BY A FAILED INTAKE MANIFOLD GASKET. *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.



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 335

Date Received

24-FEB-2000

Od_or
rt_dt
od_rt
up_itr

Reference No.

857498

OWNER INFORMATION (Type or Print)

592387

Work Number

Home Number

Do you authorize _____ of your vehicle? YES NO
 in the absence of _____ name and address to the vehicle manufacturer
 Signature of Owner _____ Date 3/16/00

VEHICLE INFORMATION

Vehicle Make CHEVROLET TRU Vehicle Model S10 Vehicle Year 1996 Mileage Reading 38,500
(Located at bottom of windshield on driver's side)

Purchase Date 10-30-96 Dealer's Name HDZ Chevrolet Engine Size (CID/CC) 4.3L Turbo Diesel Gas Fuel Injection
 New Used City Hills Corner State WI Zip Code 53130 No Cylinders 6

Transmission Type Manual Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Sport UT Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06212000 12420000 12424000 Part Name(s) FUEL:CARBURETOR:UNKNOWN TYPE:MANIFOLD:INTAKE INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR INTERIOR SYSTEMS:INSTRUMENT PANEL:GAUGE:INDICATOR:TE Location Left Front Right Rear Failed Part(s) Original Replacement

No of Failures 0 Date(s) of Failure(s) 15-FEB-2000 Mileage at Failure(s) 38000 Vehicle Speed at Failure(s) 5 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 0 Number of Fatalities 0 Estimated Property Damage \$3800.00 Reported to Police Yes No

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

TEMPERATURE GAUGE AND ENGINE CHECK LIGHT CAME ON. DEALER SAID COOLANT AND OIL INTERMIXED IN THE CRANKSHAFT WHICH WAS CAUSED BY A FAILED INTAKE MANIFOLD GASKET. *AK

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 responses 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.