



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 119**

|   |              |
|---|--------------|
| Data Received<br><br><b>06-MAR-2000</b> | Od_or _____  |
|   | rt_dt _____  |
|   | od_rt _____  |
|   | up_ltr _____ |
| Reference No.<br><b>857983</b>          |              |

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

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

|  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input 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"/> 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 checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|--|---|---|--|--|--|--|

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

|                              |   |  |   |
|------------------------------|---|--|---|
| Component<br><b>01242000</b> | Part Name(s)<br><b>STEERING:4 WHEEL STEERING:FRONT SENSOR</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) _____<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 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)**

**WHEN DRIVING AND UPON MAKING A SLIGHT TURN, POWER STEERING SENSOR ENGAGED, CAUSING VEHICLE TO GO INTO A FULL TURN, RESULTING IN POOR STEERING CONTROL. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE 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.



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DEFECTS INVE

Od\_or  
rt\_dt  
od\_rt  
up\_It

Reference No.

857983

**OWNER INFORMATION (Type or Print)**

[Redacted Owner Information]

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
In the absence of an \_\_\_\_\_, provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date 3/29/00

**VEHICLE INFORMATION**

|   |                                      |                                |                             |                          |
|---|--------------------------------------|--------------------------------|-----------------------------|--------------------------|
| Vehicle Ident. No. (VIN) (Insert or number of windshield on driver's side)<br><b>1GCGK29R7DE198897</b><br>NOT AVAILABLE | Vehicle Make<br><b>CHEVROLET TRU</b> | Vehicle Model<br><b>PICKUP</b> | Vehicle Year<br><b>1997</b> | Current Odometer Reading |
|---|--------------------------------------|--------------------------------|-----------------------------|--------------------------|

|   |                                       |                                   |   |
|---|---------------------------------------|-----------------------------------|---|
| Purchase Date<br><u>2-97</u>  | Dealer's Name _____                   | Engine Size (CID/CC/L) <u>350</u> | <input type="checkbox"/> Turbo          |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders <u>8</u>            | <input type="checkbox"/> Diesel         |
|   |                                       |                                   | <input type="checkbox"/> Gas            |
|   |                                       |                                   | <input type="checkbox"/> Fuel Injection |

|   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antiflock 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 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 checked="" type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Van <input checked="" 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 checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |
|---|--|---|--|---|--|--|

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|                              |   |  |   |
|------------------------------|---|--|---|
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|------------------------------|---|--|---|

|                 |   |   |   |
|-----------------|---|---|---|
| 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 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)**

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CONTINUE ON BACK IF NEEDED

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