

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 294

Date Received

08-MAR-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

858202

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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G15L52M0W9304340	CHEVROLET	LUMINA	1998	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 09530000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:HORN	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	---	--	---

No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 6 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---

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

IT'S DIFFICULT TO DEPRESS AND SOUND THE HORN. DELAER HAS INSPECTED THE VEHICLE SEVERAL TIMES. *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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 284	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received: 08-MAR-2000 OFFICE OF VEHICLE INVESTIGATION	
[Redacted]		Reference No. 858202	
[Redacted]		Work Number [Redacted]	
[Redacted]		Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
In the absence of an authorized signature, your name and address to the vehicle manufacturer.		Date: 3/18/00	
Signature of Owner: [Redacted]			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
2G15L52M0W9304340	CHEVROLET	LUMINA	1998
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
8/12/98	Kelly Chevrolet	1/6	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City: Hallandale, State: FL Zip Code: 33009	No Cylinders	<input checked="" type="checkbox"/> Gas
<input checked="" type="checkbox"/> Fuel Injection			
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	<input type="checkbox"/> 2-Door <input checked="" 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 09530000	Part Name(s) COMMUNICATIONS:HORN ASSEMBLY:HORN	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	See note on attached back		
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	Number of Fatalities
			Estimated Property Damage
			Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
IT'S DIFFICULT TO DEPRESS AND SOUND THE HORN. DELAER HAS INSPECTED THE VEHICLE SEVERAL TIMES. *AK <i>The horn is very hard to depress. Have complained about it four times. The last time 3/6/2000 - I was told by Marvin Matthias the Service Supervisor that nothing could be</i>			
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 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.			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

DOT

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

done about it. He said that the 1998 Lumina had this fault. He said he had the 1998 Lumina but never had to use horn. When I went to use the horn on 3/5/00 it would not work. I almost had a very bad accident when a car was ready to pull out of a side street & I put on my brakes & he did stop.

I've had a few men (strong) to check the horn. They had to press 3 or 4 times very hard before it worked. It is very dangerous. (I was told by service foreman at the same time I complained to Mr. Matthews that I should trade it in.) I hope you can help me.



U.S. Government Printing Office: 1995 - 629-080

U.S. Department of Transportation
National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590





U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

*More
Send information
on back of this
letter.*

Dear Consumer:

As a result of your recent inquiry to the National Highway Traffic Safety Administration's Auto Safety Hotline, we developed the enclosed Vehicle Owner's Questionnaire. Please review the form and supply any additional information you have that you believe is relevant to your safety problem(s). You may also include copies of repair bills, letters to manufacturers, or any other documents related to the problem(s).

Please complete the questionnaire, fold, staple, or tape it so that the pre-addressed portion is on the outside.

We will share this information with the appropriate manufacturer may help resolve your problem(s). It is helpful to be thorough in your report so that our ability to use your information will be maximized. It is not necessary to complete all boxes if you are not sure of the information. It is very difficult to pursue complaints unless the Vehicle Identification Number (VIN) is known, and when reporting a tire problem, the DOT Identification is needed. The VIN is located inside the vehicle adjacent to the left of the windshield pillar (driver's side). The tire identification number contains 7 to 11 characters and is preceded by the letters "DOT" on the tire between the maximum width section and the bead, usually near the rim flange on the opposite side of the whitewall or on either side of a blackwall tire.

Any information you provide on this questionnaire is **ENTIRELY VOLUNTARY**. There is **NO CONSEQUENCE** or **PENALTY** of any kind if you **DO NOT** wish to provide it. We seek this information so that this agency can help you and other owners with similar problems and to allow us to combine this information with similar owner reports to develop both statistical and investigatory evidence which will help identify potential safety-related problems in motor vehicles or items of motor vehicle equipment.

Sincerely,

Information Management Branch
Auto Safety Hotline

2 Enclosures:
Self-addressed Questionnaire
Auto Safety Hotline Pamphlet



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

I mailed a form from the Florida
Lemon Law to H. M. Corp. on 3/8/00
by certified mail: returned receipt.
As of today 3/18/00 I have not heard
from them or received Return Receipt.

