

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

17-MAR-2000

Oid_or _____

rt_dt _____

od_rt _____

up_ltr _____

Reference No.

858736

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	Vehicle Model	Vehicle Year	Current Odometer Reading
1GDEG25K5SF506586	GMC	VANDURA	1995	

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 checked="" type="checkbox"/> Yes <input 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 checked="" 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 01100000	Part Name(s) STEERING:WHEEL AND COLUMN	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
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No. of Failures 0	Date(s) of Failure(s) 07-MAR-2000 Mileage at Failure(s) 159000 Vehicle Speed at Failure(s) 25	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING DOWN THE STREET STEERING WHEEL BROKE IN HALF. IF STEERING HAD BROKEN TOWARDS THE COLUMN THERE COULD HAVE BEEN AN ACCIDENT, BUT IT BROKE TOWARD THE DRIVER. *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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335</p> <p>Date Received: <u>17-MAR-2000</u></p> <p>OFFICE DEFECTS INVESTIGATION</p>		<p>Od_or _____ Mileage at _____ od_rt _____ up_jr _____ Reference No. <u>858736</u></p>							
<p>OWNER INFORMATION (Type or Print)</p>						<p>Work Number _____ Home Number _____</p>							
<p>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</p> <p>In the absence of a signature, the manufacturer provides your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>4/8/2000</u></p>													
<p>VEHICLE INFORMATION</p>													
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p><u>1GDEG25K5SF506586</u></p>		<p>Vehicle Make</p> <p><u>GMC</u></p>		<p>Vehicle Model</p> <p><u>VANDURA</u></p>		<p>Vehicle Year</p> <p><u>1995</u></p>		<p>Current Odometer Reading</p> <p><u>163502</u></p>					
<p>Purchase Date</p> <p><u>6/10/95</u></p>		<p>Dealer's Name <u>Vic Auto Plaza 1617 CROSS</u></p>				<p>Engine Size (CID/CC/L) _____</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>					
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City <u>St Joseph</u> State <u>Mo</u> Zip Code <u>64506</u></p>				<p>No Cylinders <u>8</u></p>							
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other Van <u>3471a</u></p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>													
<p>Component</p> <p><u>01100900</u></p>		<p>Part Name(s)</p> <p><u>STEERING:WHEEL AND COLUMN</u> <u>steering wheel only</u></p>				<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>					
<p>No of Failures</p> <p><u>0</u></p>		<p>Date(s) of Failure(s) <u>07-MAR-2000</u></p> <p>Mileage at Failure(s) <u>159000</u></p> <p>Vehicle Speed at Failure(s) <u>25</u></p>				<p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>													
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured</p> <p><u>0</u></p>		<p>Number of Fatalities</p> <p><u>0</u></p>		<p>Estimated Property Damage</p> <p><u>\$187³²_{xx}</u></p>		<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>													
<p>WHILE DRIVING DOWN THE STREET STEERING WHEEL BROKE IN HALF. IF STEERING HAD BROKEN TOWARDS THE COLUMN THERE COULD HAVE BEEN AN ACCIDENT, BUT IT BROKE TOWARD THE DRIVER. *AK</p>													
<p style="text-align: right;">CONTINUE ON BACK IF NEEDED</p>													
<p>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 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>													