



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

| | |
|---|--------------|
| Data Received 24-MAR-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 859165 | |

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 | Vehicle Model PRIZM | Vehicle Year 1999 | Current Odometer Reading | | |
| Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | | Engine Size (CID/CC/L) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection | | |
| 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"/> Motorbelt <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 01430000 | Part Name(s) STEERING:GEAR:RACK | 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 0 | Date(s) of Failure(s) <u>01-11-2000</u> Mileage at Failure(s) <u>19000</u> Vehicle Speed at Failure(s) <u>0</u> | 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)

**CONSUMER HEARD A RUBBING NOISE IN STEERING RACK. ALSO, WHEN GOING OVER ROUGH PAVEMENT, VEHICLE WOULD MAKE A NOISE. DEALER SAID IT WAS COMING FROM STEERING RACK.
*AK**

CONTINUED ON BACK (REVERSE)

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 | |
|--|--|---|---|
|  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) [Redacted] | | Date Received: 24-MAR-2000 OFFICE DEFECTS INVESTIGATION Reference No. 859165 | |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Signature of Owner: [Redacted] Date: 4/11/2000 | |
| VEHICLE INFORMATION | | | |
| Vehicle Ident. No. (VIN.) <i>(Located at bottom of windshield on driver's side)</i> | Vehicle Make | Vehicle Model | Vehicle Year |
| 1Y1SK5287X242382 | CHEVROLET | PRIZM | 1999 |
| Current Odometer Reading | Purchase Date | | Dealer's Name |
| 20,000 | 6/25/99 | | DANA Automotive |
| | City Northampton State Ma. Zip Code 01060 | | Engine Size (CID/CC/L) 1.8L |
| | <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | No. Cylinders 4 |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control |
| <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Drive Train | Vehicle Type | Body Style | |
| <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"/> 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 | Part Name(s) | Location | Failed Part(s) |
| 01430000 | STEERING:GEAR:RACK | <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front | <input type="checkbox"/> Right <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No. of Failures | Date(s) of Failure(s) | Failed Part(s) Available? | NHTSA Previously Contacted? |
| 0 | 01-FEB-2000 Mileage at Failure(s) 19000 Vehicle Speed at Failure(s) 0 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" 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 | Fire | Number of Persons Injured | Number of Fatalities |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 0 | 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) | | | |
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