

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 333

Date Received

11-APR-2000

 Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

860117

 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 |
| 1GNCS13W1X2190894   | CHEVROLET TRU | S10           | 1999         |                          |

|   |                                       |                              |  |
|---|---------------------------------------|------------------------------|--|
| Purchase Date   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><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<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbell<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Ult<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <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>06310000<br>03250000 | Part Name(s)<br>ELECTRICAL SYSTEM:WIRING:HARNESS:FRONT:UNDERHOOD<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Frnt <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) 27-JAN-2000<br>Mileage at Failure(s) 14000<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)

WHILE DRIVING DOWN THE ROAD ABS LIGHT CAME ON BRIEFLY.ALSO, THERE WAS A BURNING SMELL ON THE PASSENGER'S SIDE IN THE COMPUTER AREA. CONTACTED DEALER, HE COULDN'T FIND THE CAUSE. \*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<br>National Highway Traffic Safety Administration  |  | DOT Auto Safety Hotline<br>Vehicle Owner's Questionnaire (VOQ)<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |               | FOR AGENCY USE ONLY 333  |                          |
|--|--|--|---------------|--|--------------------------|
| OWNER INFORMATION (Type or Print)  |  | Date Received  |               | 00 JUN 12 AM 8:59<br>11-APR-2000<br>OFFICE<br>EFFECTS INVESTIGATION  |                          |
|  |  | Reference No.  |               | 860117   |                          |
| Signature of Owner   |  | Work Number  |               | Retired  |                          |
| Date   |  | Home Number  |               |  |                          |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>by the absence of an address and address to the vehicle manufacturer.   |  |  |               |  |                          |
| YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  |  |               |  |                          |
| Signature of Owner _____ Date 4/12/00  |  |  |               |  |                          |
| VEHICLE INFORMATION  |  |  |               |  |                          |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)  |  | Vehicle Make   | Vehicle Model | Vehicle Year   | Current Odometer Reading |
| 1GNCS13W1X2190894  |  | CHEVROLET TRU  | S10           | 1999   | 15200                    |
| Purchase Date  |  | Dealer's Name  |               | Engine Size (CID/GCC/L)  |                          |
| 4/1/00   |  | Forest Chevrolet   |               | 4.3  |                          |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used  |  | City <u>Burleson</u> State <u>Tx</u> Zip Code <u>76033</u>   |               | No Cylinders <u>6</u>  |                          |
| Transmission Type  |  | Antilock Brakes  |               | Restraining System   |                          |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic  |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |               | <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag |                          |
| Cruise Control   |  | Drive Train  |               | Vehicle Type   |                          |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  | <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                     |               | <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut<br><input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle<br><input checked="" type="checkbox"/> Other <u>Blazer</u>                   |                          |
| Body Style   |  | Failed Component(s)/Part(s) Information  |               |  |                          |
| <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   |  | Component  |               | Location   |                          |
|  |  | 08310000<br>03250000   |               | <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear  |                          |
| Part Name(s)   |  | Failed Part(s)   |               | NHTSA Previously Contacted?  |                          |
| ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM   |  | <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement  |               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                          |
| No of Failures   |  | Date(s) of Failure(s)  |               | Failed Part(s) Available?  |                          |
| *  |  | 27-JAN-2000 31 MAR 2000  |               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                          |
| Mileage at Failure(s)  |  | Vehicle Speed at Failure(s)  |               |  |                          |
| 1116 13211   |  |  |               |  |                          |
| 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  |                          |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |               |  |                          |
| 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)  |  |  |               |  |                          |
| WHILE DRIVING DOWN THE ROAD ABS LIGHT CAME ON BRIEFLY.ALSO, THERE WAS A BURNING SMELL ON THE PASSENGER'S SIDE IN THE COMPUTER AREA. CONTACTED DEALER, HE COULDN'T FIND THE CAUSE. *AK  |  |  |               |  |                          |
| ABS Light came on two times while driving  |  |  |               |  |                          |
| Vehicle taken to Denber, Jan 27, 00 oil leak & burning smell   |  |  |               |  |                          |
| mar 21, 00 ABS light & burning smell   |  |  |               |  |                          |
| CONTACTED Chevrolet - 1800 222 1020 3/28/00 no help  |  |  |               |  |                          |
| HAVE CALLED Chevrolet 1-800-222-7020 about 50 times -  |  |  |               |  |                          |
| CONTINUE ON BACK IF NEEDED   |  |  |               |  |                          |
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VOICE SOYS WAITING 10 min to 15 min on hold  
calls made since 4/1/00 several times each day no response Hold only

