

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

156

Date Received

26-APR-2000

Od_or _____

rt_dt _____

od_rt _____

up_ltr _____

Reference No.

861012

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.) _____ (located at front of windshield or driver's side)	Vehicle Make CHEVROLET	Vehicle Model IMPALA	Vehicle Year 2000	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size _____ (CID/CCL)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Vlt ☐ Truck ☐ Motorcycle	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000	Part Name(s) ENGINE	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) 26-MAR-2000 Mileage at Failure(s) 13 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

PE 00005; WHILE DRIVING VEHICLE STALLED UNEXPECTEDLY, AND WOULD NOT START FOR 15 MINUTES, WHICH MAY HAVE CAUSED A CRASH. DEALER COULD NOT DETERMINE CAUSE OF THE PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

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.

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 RECEIVED
 rt_dt
 rd_r
 up_Nr
 4-11-00

 DEFECT INVESTIGATION
 No.
 881012

OWNER INFORMATION (Type or Print)

605496

Work Number

Home Number

 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.

☒ YES ☐ NO

Signature of Owner

Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

PLEASE FILL IN

Vehicle Make

CHEVROLET

Vehicle Model

IMPALA

Vehicle Year

2000

Current Odometer Reading

13,254

Purchase Date

JAN - 2000

Dealer's Name POTAMKIN

Engine Size

CID/CC/L

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

No Cylinders

☒ New ☐ Used

City MIAMI LAKE State FL Zip Code

Transmission Type

☒ Manual
☐ Automatic

Antilock Brakes

☒ Yes
☒ No

Restraint System

☐ 3-Point Belt ☐ Motorbelt
☒ Driverside Airbag ☐ 2-Point Belt
☒ Passengerside Airbag

Cruise Control

☐ Yes
☒ No

Drive Train

☒ Front
☐ Rear
☐ 4-Wheel

Vehicle Type

☒ Car ☐ Sport Utl
☐ Van ☐ Truck
☐ Minivan ☐ Motorcycle
☐ Other

Body Style

☐ 2-Door
☒ 4-Door
☐ Stationwagon
☐ Pick Up Truck
☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

05100000

Part Name(s)

ENGINE

Location

☐ Left ☐ Right
☐ Front ☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

No of Failures

Date(s) of Failure(s) 26-MAR-2000

Mileage at Failure(s) 18

Vehicle Speed at Failure(s) 20

Failed Part(s)
Available?
☐ Yes ☐ No
NHTSA Previously
Contacted?
☐ Yes ☒ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Fatalities

0

Estimated Property Damage

0

Reported to Police

☐ Yes ☒ No

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

PE 00005; WHILE DRIVING VEHICLE STALLED UNEXPECTEDLY, AND WOULD NOT START FOR 15 MINUTES, WHICH MAY HAVE CAUSED A CRASH. DEALER COULD NOT DETERMINE CAUSE OF THE PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

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)

***NOTE - Car is leaking an excessive amount of oil (2 quarts every 2000 miles). Has been to the dealer several times for repair. Unable to locate problem so far.**

☆ U.S.G.P.O. 1992 - 623-807 / 60086

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



BUSINESS REPLY MAIL

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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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National Highway Traffic Safety Administration
Auto Safety Hotline, NEF-11 HL
400 7th Street, SW
Washington, DC 20590

