

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

117

Date Received

04-MAY-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

861454

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1G1LD1548TY223556	CHEVROLET	CORSICA	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection

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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator Bell <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 Util Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
05100000 05130000	ENGINE ENGINE:PULLEY:CRANKSHAFT	<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<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?	NHTSA Previously Contacted?
		70		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE WOULD STALL WITHOUT ANY PRIOR WARNING WHILE DRIVING. WOULD NEED TO WAIT APPROXIMATELY 1 HOUR BEFORE IT WOULD RESTART. VEHICLE TOWED TO DEALER & MECHANIC PUT A NEW CRANKSHAFT SENSOR. PROBLEM REAPPEARED AGAIN & THIS TIME 2 HOURS WERE NEEDED TO RESTART. BEEN AT DEALERSHIP 2 MONTHS & PROBLEM NOT RESOLVED. IT IS AN INTERMITTENT PROBLEM. *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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 117</p> <p>Date Rec'd: 00 JUN 20 PM 2:00 04 MAY 2000 OFFICE EFFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Reference No. 851454</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>				<p>Work Number _____ Home Number _____</p>	
<p>Signature of Owner _____ Date _____</p>					
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1G1LD1648TY223556</p>		<p>Vehicle Make CHEVROLET</p>	<p>Vehicle Model CORSICA</p>	<p>Vehicle Year 1996</p>	<p>Current Odometer Reading 78,000</p>
<p>Purchase Date 6/25/99 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name GENERAL SERVICES ADMIN City BOSTON State MA Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____ No Cylinders 4 <input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p>		<p>Sport Ut Truck Motorcycle <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>		<p>Body Style <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 _____</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 05100000 06130000</p>	<p>Part Name(s) ENGINE ENGINE:PULLEY:CRANKSHAFT</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures 3</p>	<p>Date(s) of Failure(s) 10/99 11/99 1/00 Mileage at Failure(s) 70 Vehicle Speed at Failure(s) 25 MPH</p>		<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage 0</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>VEHICLE WOULD STALL WITHOUT ANY PRIOR WARNING WHILE DRIVING. WOULD NEED TO WAIT APPROXIMATELY 1 HOUR BEFORE IT WOULD RESTART. VEHICLE TOWED TO DEALER & MECHANIC PUT A NEW CRANKSHAFT SENSOR. PROBLEM REAPPEARED AGAIN & THIS TIME 2 HOURS WERE NEEDED TO RESTART. BEEN AT DEALERSHIP 2 MONTHS & PROBLEM NOT RESOLVED. IT IS AN INTERMITTENT PROBLEM. *AK</p>					
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