

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 252

Data Received

25-MAY-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

862586

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
1GNEL19W7PB164362	CHEVROLET TRU	ASTRO	1993	

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 type="checkbox"/> Yes <input checked="" 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 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 02190000	Part Name(s) SUSPENSION:INDEPENDENT FRONT TORSION BAR	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) 02-MAY-2000 Mileage at Failure(s) 130696 Vehicle Speed at Failure(s) 0	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)

THE CONSUMER STATED THAT THE VEHICLE WAS PARKED INSIDE OF THE GARAGE. WHEN THE CONSUMER CAME BACK THAT EVENING THE VEHICLE WAS SITTING UNEVEN ON THE GROUND. TORSION BAR BROKE THE CONSUMER REPLACED THE PASSENGER TORQUE BAR.

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.

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 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 ____/____/____

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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 type="checkbox"/> Yes <input checked="" 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 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 _____

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CONTINUED ON BACK PLEASE

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Vehicle Owner's Questionnaire (VOQ)
 JUN 16 AM 10:40
 OFFICE
 25-MAY-2000
 up, hr

FOR AGENCY USE ONLY 252
 Reference No. 862586

Work Number
 Home Number

Do you authorize NHTSA in the absence of an authorized representative to contact the vehicle manufacturer?
 YES
 NO
 Date 6/17/00

Signature of Owner
 [Redacted Signature]

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GNEL19W7PB164352
 Vehicle Make CHEVROLET TRU ASTRO
 Vehicle Model ASTRO
 Vehicle Year 1993
 Current Odometer Reading 100696

Purchase Date
 Dealer's Name Clementis Chev
 City/State/Zip Code Rock, MD
 Used New
 Turbo Diesel Gas Fuel Injection
 Engine Size (CID/CC/L) 4.3
 No Cylinders 6

Transmission Type Automatic Manual
 Restraint System 3-Point Belt Motorized 2-Point Belt
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Truck Sport Ut Motorcycle Other
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other (VAN)

Component 02184000
 Part Name(s) SUSPENSION-INDEPENDENT FRONT TORSION BAR
 Location Both
 Failed Part(s) Original Replacement
 No of Failures 0
 Date(s) of Failure(s) 02-MAY-2000
 Mileage at Failure(s) 100886
 Vehicle Speed at Failure(s) 0
 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
 Reported to Police Yes No

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

VEHICLE WAS PARKED INSIDE THE GARAGE. CONSUMER CAME BACK THAT EVENING AND VEHICLE WAS SITTING UNEVEN ON THE GROUND. TORSION BAR BROKE, CONSUMER REPLACED PASSENGER'S TORSION BAR. AK
 Both Left + Right Side Torsion Bar Broke AS
 Vehicle was parked about within 48 hours
 David T. Bentzen Each Bar was \$19.00 per side
 This is a 1st Round Brake + should not break this easily

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CONTINUE ON BACK IF NEEDED



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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

U.S. G.P.O. 1982 - 625-697/1-0006

I also have a 94 GMC 1500 TRK
with same set up mainly more under
hood no sign of this happening
I am second owner of this TRK
I also know of many cars
that have this type of suspension &
are still driving with same original
parts.
If needed I will do a search on
All come - chev. Repair shops for a total
number of failures. This must be
recalled & repaired or be pay
those of us that have already have so
lets NOT play BAIT & BAIT AND THIS
PLEASE

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

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

THE IDENTIFICATION NO. *																				
D O T																				
* 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)									

Please NOTE

I STILL HAVE THE
OLD PAINTS.

I
I HAVE STARTED
ACTION FOR A CONSUMER
Alert ON THIS PRODUCT.



Ray Hutson CHEVROLET-NISSAN

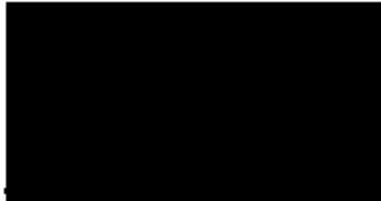


Telephone (608) 788-4100 Parts Department
 1-800-348-6627 Toll Free - Parts Dept.
 (608) 788-8360 Parts Dept. Fax

Goodwrench Service

GREAT GIFT IDEAS CHECK OUT THE GM APPAREL AND ACCESSORY LINE SAVE \$\$ SAVE \$\$ SAVE \$\$ SAVE \$\$ SAVE \$\$ SAVE	PARTS DEPARTMENT HOURS 7:30 - 5:30 M-F 8:00 - 12:00 SAT.
WHATEVER IT TAKES	

3916 CASH JERRY E FRITZ 05/02/00 355306 CUR



TRU VAN
 4/29/00

QUANTITY	UNIT	PART NUMBER	DESCRIPTION	PRICE	AMOUNT	TAX	TOTAL
1	0	910701	7 412	167.28	167.28	167.28	167.28
1	0	910708	ARN	40.55	40.55	40.55	40.55

PAID
 MAY 01 2000
 JAMERSON

RETURN POLICY NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS. 10% HANDLING CHARGE ON ALL RETURNS. NO RETURNS WITHOUT THIS INVOICE OR AFTER 15 DAYS. THIS PACKAGE MUST NOT BE DAMAGED, RELABELED, RETAPED OR MARKED IN ANY WAY. SEE REVERSE SIDE FOR WARRANTY INFORMATION.	SUB-TOTAL 207.83 TAX 11.44 FREIGHT 0.00 PAY THIS AMOUNT 219.27
--	--

X _____
 RECEIVED BY

Ray Husson CHEVROLET-NISSAN



Telephone (808) 788-4100 Parts Department
 1-800-346-5527 Toll Free - Parts Dept.
 (808) 788-8360 Parts Dept. Fax

Goodwrench Service

GREAT GIFT IDEAS CHECK OUT THE GM APPAREL AND ACCESSORY LINE SAVE \$\$ SAVE \$\$ SAVE \$\$ SAVE \$\$ SAVE \$\$ SAVE	PARTS DEPARTMENT HOURS 7:30 - 5:30 M-F 8:00 - 12:00 SAT.
WHATEVER IT TAKES	

3916	CASH	JERRY E FRITZ	04/29/00	355229 COR
S H I P T O				

QUANTITY	PART NUMBER	DESCRIPTION	UNIT	UNIT PRICE	NET PRICE	AMOUNT
1	0	7.412	123	147.28	147.28	147.28
1	0	7.105	123	40.55	40.55	40.55

PAID
MAY 01 2000
 CASH MONEY ORDER
 AMEX CHECK

<p style="text-align: center;">RETURN POLICY</p> <p>NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS. 10% HANDLING CHARGE ON ALL RETURNS. NO RETURNS WITHOUT THIS INVOICE OR AFTER 15 DAYS. THIS PACKAGE MUST NOT BE DAMAGED, RELABELED, RETAPED OR MARKED IN ANY WAY. SEE REVERSE SIDE FOR WARRANTY INFORMATION.</p>	<p style="text-align: right;">SUB-TOTAL 207.83</p> <p style="text-align: right; font-size: 2em;">219.27</p> <p style="text-align: right;">TAX FREIGHT</p> <p style="text-align: right;">PAY THIS AMOUNT</p>
X _____ RECEIVED BY	