

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

06-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863095

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
2G1FP22K3W2127034	CHEVROLET	CAMARO	1998	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" 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"/> 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 06410000 06136000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL FUEL:FUEL PUMP	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	Date(s) of Failure(s) 01-JUL-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 10000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

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)

WHILE DRIVING ON HIGHWAY HIT THE ACCELERATOR PEDAL, AND VEHICLE HESITATED/STALLED. CONTACTED DEALER, AND THEY REPLACED THE FUEL PUMP. *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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Date Reported
RECEIVED

00 JUL 25 2001 11:11

OFFICE DEFECTS INVESTIGATION

Del. or rt. dt
Del. or rt. dt
Del. or rt. dt
Del. or rt. dt

Reference No.
863095

OWNER INFORMATION (Type or Print)

Work Number
Home Number

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 bottom of windshield on driver's side) **2G1FP22K3W2127034** Vehicle Make **CHEVROLET** Vehicle Model **CAMARO** Vehicle Year **1995** Current Odometer Reading **36,000**

Purchase Date **2-28-98** Dealer's Name **S & J Chevrolet** Engine Size (CID/CC/L) _____ Turbo Diesel Gas Fuel Injection
 New Used City **Cerritos** State **CA** Zip Code **90701** 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 Ut Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **86410000 86130000** Part Name(s) **FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL FUEL:FUEL PUMP** Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures **1** Date(s) of Failure(s) **01-JUL-1999** Mileage at Failure(s) **10000** Vehicle Speed at Failure(s) **NOT MOVING I WAS SITTING STILL IN DRIVE THRU** 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)

WHILE DRIVING ON HIGHWAY HIT THE ACCELERATOR PEDAL, AND VEHICLE HESITATED/STALLED CONTACTED DEALER, AND THEY REPLACED THE FUEL PUMP. *AK

OFFICE DEFECTS INVESTIGATION
NO JUL 25 4 11:19
RECEIVED

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Purchased new