

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 231

Date Received

09-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863302

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
	CHEVROLET TRU	SUBURBAN	1995	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial <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 <input type="checkbox"/> 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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC/ANTI-LOCK SYSTEM	Location	Failed Part(s)
		<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? Yes No	NHTSA Previously Contacted? Yes 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	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 DEPRESSING THE BRAKES ON WET ROAD VEHICLE PULLS TO LEFT. ALSO ABS INDICATOR LIGHT FLASHES ON. 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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FOR AGENCY USE ONLY 23f

00 JUL 10 PM 2:37
09 JUN 2000

OFFICE
DETECTS INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

883302

OWNER INFORMATION (Type or Print)

613330

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 6/29/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNK226K45T3364
Vehicle Make CHEVROLET TRU Vehicle Model SUBURBAN Vehicle Year 1995 Current Odometer Reading

Purchase Date 1/24/95 Dealer's Name Pohanka Chev. Engine Size (CID/CC/L) 3.50 Turbo Diesel Gas Fuel Injection
 New Used City Chantilly State Va. Zip Code 22021 No Cylinders

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driveside Airbag 2-Point Belt Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Lift Truck Van Minivan Motorcycle Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03260000 Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures 3 Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) 18 to 45 MPH 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

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

WHILE DEPRESSING THE BRAKES ON WET ROAD VEHICLE PULLS TO LEFT. ALSO ABS INDICATOR LIGHT FLASHES ON. PLEASE PROVIDE FURTHER INFORMATION. *AK

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