

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

118

Date Received

13-JUN-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

863462

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
1GCCS19X7V8195777	CHEVROLET TRU	S10	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input 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 checked="" type="checkbox"/> Yes <input 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"/> Inertial 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 Utl <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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
10312000	VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	<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?
	01-JUN-2000	32000		<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)

INTERMITTENTLY WINDSHIELD WIPERS WILL NOT MOVE ACROSS THE WINDSHIELD, BUT MOTOR CONTINUES TO RUN. SOMETIMES WINDSHIELD WIPERS QUIT WORKING IN THE MIDDLE OF OPERATION. PLEASE PROVIDE ANY FURHTER 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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<p>OWNER INFORMATION (Type or Print)</p>		<p>613973</p>		<p>Date Received 09 JUN 29 AM 6:13 JUN 2000</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>In the absence of _____ provide your name and address to the vehicle manufacturer.</p>		<p>Reference No. 863462</p>	
<p>Signature of Owner _____</p>		<p>Date 6/29/00</p>		<p>OFFICE DEFECTS INVESTIGATION</p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) 1GCCS19X7V8195777</p>		<p>Vehicle Make CHEVROLET TRU</p>		<p>Vehicle Model S10</p>	
<p>Vehicle Year 1997</p>		<p>Current Odometer Reading 33350</p>			
<p>Purchase Date 4/97</p>		<p>Dealer's Name NIMNIGHT CHEV</p>		<p>Engine Size (CID/CC/L) 4.3</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City JACKSONVILLE State FL Zip Code 32216</p>		<p>No. Cylinders 6</p>	
<p>Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerairde Airbag</p>	
<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	
<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other PickUP</p>		<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Component 10312000</p>		<p>Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	
<p>No. of Failures 1</p>		<p>Date(s) of Failure(s) 01 JUN 2000</p>		<p>Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Mileage at Failure(s) 32000</p>		<p>Vehicle Speed at Failure(s) _____</p>		<p>NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION</p> <p>(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 _____</p>	
<p>Number of Fatalities _____</p>		<p>Estimated Property Damage _____</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>INTERMITTENTLY WINDSHIELD WIPERS WILL NOT MOVE ACROSS THE WINDSHIELD, BUT MOTOR CONTINUES TO RUN BZZZ. SOMETIMES WINDSHIELD WIPERS QUIT WORKING IN THE MIDDLE OF OPERATION. PLEASE PROVIDE ANY FURHTER INFORMATION. *AK</p>					
<p style="text-align: center;">BZZZ</p>					
<p style="text-align: right;">CONTINUE ON BACK IF NEEDED</p>					
<p>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 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>					