

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

Date Received

14-JUN-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

863591

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	BERETTA	1994	

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02150000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM:LOWER	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 0	Date(s) of Failure(s) 01-MAR-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) _____	<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	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING THERE IS A RATTLING SOUND. ALSO, WHEN APPLYING BRAKES THERE IS A KNOCKING NOISE DUE TO LOWER CONTROL ARM BUSHING MALFUNCTIONING. *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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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		REFERENCE INVESTIGATION JUL -3 AM 9:27 14-JUN-2000 OFFICE	
[Redacted]		Reference No. 863591	
614330		Work Number	
[Redacted]		Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will NOT contact your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 6/25/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <i>1G1LV15M1RY160001</i>	Vehicle Make <i>CHEVROLET</i>	Vehicle Model <i>BERETTA</i>	Vehicle Year <i>1994</i> Current Odometer Reading <i>72,523</i>
Purchase Date <i>April 1994</i> <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <i>Colussy Chevrolet</i> City <i>Bridgeville</i> State <i>PA</i> Zip Code <i>15017</i>		Engine Size (CID/CC/L) <i>3.1</i> No Cylinders <i>6</i> <input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" 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 <i>02150000</i>	Part Name(s) <i>SUSPENSION-INDEPENDENT FRONT CONTROL ARM:LOWER</i>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <i>0</i>	Date(s) of Failure(s) <i>01-MAR-2000</i> Mileage at Failure(s) <i>about 68,000</i> Vehicle Speed at Failure(s) <i>0</i>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <i>0</i>	Number of Fatalities <i>0</i>
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING THERE IS A RATTLING SOUND. ALSO, WHEN APPLYING BRAKES THERE IS A KNOCKING NOISE DUE TO LOWER CONTROL ARM BUSHING MALFUNCTIONING. *AK <i>An inspection at Monro Muffler/Brake+Service in Bridgeville, PA revealed that both right + left lower control arm bushings were bad. →</i>			
CONTINUE ON BACK IF NEEDED			
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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO. *

DOT

MANUFACTURER/TIRE NAME

SIZE

* 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)

Both right + left lower control arms + related parts were replaced by Monroe on 6-20-00 for a total cost of 324.89



* U.S. G.P.O.: 1992 - E29-807 / 60046

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20580

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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BUSINESS REPLY MAIL

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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

