

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

156

Date Received

21-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863912

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
2GCEK19RV1110331	CHEVROLET TRU	SILVERADO	1997	

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 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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <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 01000000	Part Name(s) STEERING	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) 01-JAN-1997	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				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE DRIVING STEERING SYSTEM MALFUNCTIONED, CAUSING THE A LOSS OF CONTROL WHICH MAY CAUSE A CRASH. 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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Date Received **00 JUL 25 21-JUN-2000**
Office **DEFECTS INVESTIGATION**

Od or _____
Mile: **27**
up Itr _____

863912

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number _____
Home Number **same as work**

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 **7/19/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) **2GCEK19RV1110331** Vehicle Make **CHEVROLET TRU** Vehicle Model **SILVERADO** Vehicle Year **1997** Current Odometer Reading **49300**

Purchase Date **09/96** Dealer's Name **Turnpike Chevrolet** Engine Size (CID/CYL) **358** Turbo Diesel Gas Fuel Injection
 New Used City **NHRO** State **WV** Zip Code _____ No Cylinders **8** Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **01000000** Part Name(s) **STEERING** Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures **APPROX 15-20** Date(s) of Failure(s) **01-JAN-1997 9/10/98-10/26/98-12/00** Mileage at Failure(s) **32093 - 32328 - 49307** Vehicle Speed at Failure(s) **25 - 65** 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 **N/A** Number of Fatalities **N/A** Estimated Property Damage **N/A** Reported to Police Yes No

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

WHILE DRIVING STEERING SYSTEM MALFUNCTIONED, CAUSING LOSS OF CONTROL WHICH MAY RESULT IN A CRASH. PLEASE PROVIDE FURTHER INFORMATION. *AK

I EXPERIENCE MOMENTARY LOSS OF steering MAY RESULT IN A CRASH (definitely a SAFETY ISSUE (THE PROBLEM IS INTERMITTENT))

CONTINUE ON BACK IF NEEDED

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