

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

29-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864515

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 | CORVETTE | 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 checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|--|--|--|--|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" 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 | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <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 | Body Style <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 01120000 | Part Name(s) STEERING COLUMN | Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|-----------------------|---------------------------------|--|---|

| | | | | | |
|-----------------|-----------------------------------|-----------------------------|-----------------------------|---|---|
| No. of Failures | Date(s) of Failure(s) 28-JUN-2000 | Mileage at Failure(s) 22500 | Vehicle Speed at Failure(s) | 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | 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 BACKING OUT OF A PARKING SPACE, THE STEERING COLUMN LOCKED UP. PROBLEM COULD POTENTIALLY CAUSE A CRASH. THE VEHICLE WAS TOWED TO THE DEALERSHIP AND REPAIRED. PLEASE PROVIDE ANY FURTHER INFORMATION.

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.

|  DOT Auto Safety Hotline 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 | | FOR AGENCY USE ONLY 118 Date Received RECEIVED 09 JUL 25 2000 29 JUN 2000 OFFICE OF DEFECTS INVESTIGATION 864515 | |
|--|--|--|--|---|--|
| OWNER INFORMATION (Type or Print) | | | | Work Number _____ Home Number _____ | |
| In the absence of a signature, please provide your name and address to the vehicle manufacturer. | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date <u>7/17/00</u> | |
| VEHICLE INFORMATION | | | | | |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>1G1Y42207W5115586</u> | | Vehicle Make <u>CHEVROLET</u> | Vehicle Model <u>CORVETTE</u> | Vehicle Year <u>1998</u> | Current Odometer Reading <u>23,500</u> |
| Purchase Date <u>1/98</u> | | Dealer's Name <u>Henderson Chevrolet</u> | | Engine Size (CID/CC) <u>350</u> | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | | City <u>Henderson</u> State <u>NV</u> Zip Code <u>89015</u> | | No Cylinders <u>8</u> | |
| Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | | Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other | Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle | 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 <u>01120004</u> | Part Name(s) <u>STEERING COLUMN</u> | | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures <u>1</u> | Date(s) of Failure(s) <u>28-JUN-2000</u> Mileage at Failure(s) <u>22800</u> Vehicle Speed at Failure(s) <u>2 mph</u> | | Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA Previously Contacted? <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured <u>0</u> | Number of Fatalities <u>0</u> | Estimated Property Damage <u>0</u> | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) | | | | | |
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