

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 241

Date Received

14-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

865428

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
1GCCS194XT8226426	CHEVROLET TRU	S10	1996	

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"/> Introlubell <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 Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	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
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No. of Failures	Date(s) of Failure(s) 15-DEC-1999 Mileage at Failure(s) 00000 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 <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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE EXPERIENCING ONGOING PROBLEM WITH WASHER/WIPER WORKING INTERMITTENTLY AND SOMETIMES NOT AT ALL. DEALER/ MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVER UNDER MANUFACTURER'S RECALL. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *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.

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 241</p> <p>Date Received <u>DELETED</u></p> <p><u>00 AUG 11 AM 11:05</u></p> <p><u>14-JUL-2000</u></p> <p>OFFICE: <u>DEFACTS INVESTIGATION</u></p> <p>Reference No. <u>885428</u></p> <p>Work Number _____</p> <p>Phone Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>[REDACTED]</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized agent, NHTSA will not provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 8/9/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GCCS194XT8226426	Vehicle Make CHEVROLET TRU	Vehicle Model S10	Vehicle Year 1996	Current Odometer Reading _____	
Purchase Date _____	Dealer's Name <u>Joe Mac Pherson CHEVROLET</u>		Engine Size (CID/CC/L) <u>2.2L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Irving</u>	State <u>CA</u>	Zip Code <u>92618</u>	No Cylinders <u>4</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"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
		Sport Utl <input type="checkbox"/>		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 _____	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER: MOTOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures _____	Date(s) of Failure(s) <u>15-DEC-1999</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) <u>68000</u>		
	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 <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)

VEHICLE EXPERIENCING ONGOING PROBLEM WITH WASHER/WIPER WORKING INTERMITTENTLY AND SOMETIMES NOT AT ALL. DEALER/ MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS NOT COVER UNDER MANUFACTURER'S RECALL. FEEL FREE TO PROVIDE ANY FURTHER DETAILS. *AK

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