

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**

119

Date Received

26-JUL-2000

Od_or

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up_ltr

Reference No.

866055

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.) (located at front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2G1WL54T8L9120635	CHEVROLET	LUMINA	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13160000	Part Name(s) STRUCTURE:FRAME;MEMBERS AND BODY;OTHER PARTS	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN CHANGING OIL CONSUMER NOTED REAR CRADLE BOLT HAD BROKEN/FAILED, CAUSING REAR FRAME TO HANG ON THE RIGHT HAND SIDE. RECALL 97V05800 MANUFACTURER'S RECALL 97016 DEALS WITH SAME PROBLEM. HOWEVER, THIS VEHICLE IS NOT INCLUDED. PLEASE 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.

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

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2G1WL54T8L9120635	CHEVROLET	LUMINA	1990	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Vlt ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13160000	Part Name(s) STRUCTURE:FRAME:MEMBERS AND BODY:OTHER PARTS	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN CHANGING OIL CONSUMER NOTED REAR CRADLE BOLT HAD BROKEN/FAILED, CAUSING REAR FRAME TO HANG ON THE RIGHT HAND SIDE. RECALL 97V05800 MANUFACTURER'S RECALL 97016 DEALS WITH SAME PROBLEM. HOWEVER, THIS VEHICLE IS NOT INCLUDED. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

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Date Received

00 AUG 31 AM 10:00
26-JUL-2000OFFICE
DEFECTS INVESTIGATIONOd_or
nt_drt
nt_rt
nt_ltr

Reference No.

866055

Work Number

Home Number

OWNER INFORMATION (Type or Print)Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of an authorized third party, your name and address to the vehicle manufacturer.☐ YES☐ NO

Signature of Owner

Date / /

VEHICLE INFORMATIONVehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

2G1WL54T8L9120635

Vehicle Make

CHEVROLET

Vehicle Model

LUMINA

Vehicle Year

1990

Current Odometer Reading

Purchase Date

Dealer's Name

City State Zip Code

Engine Size
(CID/CC/L)

No Cylinders

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injection☐ New ☒ Used

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☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☐ Sport U/t☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☐ Other**FAILED COMPONENT(S)/PART(S) INFORMATION**Component
13160086

Part Name(s)

STRUCTURE:FRAME:MEMBERS AND BODY:OTHER PARTS

Location

☐ Left
☐ Front☐ Right
☐ Rear

Failed Part(s)

☐ Original
☐ Replacement

No of Failures

Date(s) of Failure(s)

Mileage at Failure(s)

Vehicle Speed at Failure(s)

Failed Part(s)
Available?☐ Yes ☐ NoNHTSA 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

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes ☒ No**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**

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