Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 125	
Date Received: 31-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 866397

[redacted]

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 bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET TRU	ASTRO	2000	

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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
06400000 03250000	FUEL:THROTTLE LINKAGES AND CONTROL BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Dates) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		| |Yes | |No	| | 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN APPLYING BRAKES PEDAL PUSHES BACK UP, AND THEN VEHICLE ACCELERATES, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0006

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

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FOR AGENCY USE ONLY 125

Date Received
00 SEP -7 PM 12: 08
31-JUL-2000
OFFICE
DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No.
866397

OWNER INFORMATION (Type or Print)

[redacted] 624068

EL CENTRO CA [redacted]

Work Numb
Home Numb [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of [redacted] provide your name and address to the vehicle manufacturer.

Signature of Own [redacted] Date 00 108 125

VEHICLE INFORMATION

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1GNDM19WXYB102674	CHEVROLET TRU	ASTRO	2000	

Purchase Date
☒ New ☐ Used

Dealer's Name DIRECT AUTO
City EL CENTRO State CA Zip Code 92243

Engine Size (CID/CC/L 4.3
No Cylinders 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08400000 03250000	FUEL:THROTTLE LINKAGES AND CONTROL BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures: +10

Date(s) of Failure(s): SINCE MAY OF 2000, LAST TIME 8 AUG 00
Mileage at Failure(s):
Vehicle Speed at Failure(s): COMING TO A STOP

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHEN APPLYING BRAKES PEDAL PUSHES BACK UP, AND THEN VEHICLE ACCELERATES, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK

ALSO A PRONOUNCED CLICKING NOISE IS HEARD.

CONTINUE ON BACK IF NEEDED