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	255
Date Received: 01-AUG-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
Reference No. 866465	

[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	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L	☐ Turbo
☐ New ☒ Used	City_____ State_____ Zip Code_____	No Cylinders _____	☐ 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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
01100000	STEERING:WHEEL AND COLUMN	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) 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)

AFTER MAKING A LEFT OR RIGHT TURN STEERING DOES NOT RETURN TO CENTER. DEALER HAS BEEN CONTACTED. *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 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.

Form Approved O.M.B. No. 2127-0008

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RECEIVED
Date Received
00 AUG 17 AM 10:
01-AUG-2000
OFFICE
DEFECTS INVESTIGATION

Od_or
Od_dr
Od_rt
up_ltr

Reference No.
866455

OWNER INFORMATION (Type or Print)

[redacted] 546168

Work Number
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 an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 8/15/00

VEHICLE INFORMATION

Vehicle Ident. No (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GDDM19WXXB152910 LEASE	CHEVROLET TRU	ASTRO	1999	12,455

Purchase Date 5/19/99 ☑ New ☐ Used

Dealer's Name NESSINGER
City MEDFORD State NY Zip Code

Engine Size (CID/CC/L
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 ☑ Driverside Airbag ☑ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☑ Yes ☐ No	☐ Front ☑ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
D1100000	STEERING:WHEEL AND COLUMN TORQUE CONVERTER	☑ Left ☐ Front ☑ Right ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) 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)

AFTER MAKING A LEFT OR RIGHT TURN STEERING DOES NOT RETURN TO CENTER. DEALER HAS BEEN CONTACTED. *AK - STEERING WHEEL IS NEVER ON CENTER

DEALERSHIP MECHANICS UNABLE TO CURE STEERING PROBLEM - EVEN WITH NEW STEERING BOX -

2000 YEAR VEHICLES TURN LESS THAN THE 1999'S -

VEHICLE HAS JUMPED THE CURB

CONTINUE ON BACK IF NEEDED

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