

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

335

Date Received

30-AUG-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

869114

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
1GCCS19W3T8132244	CHEVROLET TRU	S10	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt			<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 01000000	Part Name(s) STEERING	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 0	Date(s) of Failure(s) 28-AUG-2000	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 75000		
	Vehicle Speed at Failure(s) 2		

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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--------------------------------	---------------------------	---------------------------	---

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

CONSUMER STATES THE UPPER MOUNTING BOLTS FOR STEERING GEAR BOX COMPLETELY BACKED OUT AND THE TWO LOWER MOUNTING BOLTS HAD LOOSEN UP. CONSUMER HAD A PROBLEM STEERING AT ABOUT 25 MPH.

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.

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 335	
OWNER INFORMATION (Type or Print):				Date Received 00 SEP 28 AM 11:30 30-AUG-2000 OFFICE DEFECTS INVESTIGATION	Off. or Att od. rt up. hr TION
[Redacted] 632109				Reference No. 869114	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Signature of Owner [Redacted]				Date 9/19/2000	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1GCCS13W3T8132244	CHEVROLET TRU	S10	1996	45,946	
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	Turbo Diesel Gas Fuel Injecto		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	CAR MAX TINLEY PARK IL Zip Code 60477	4.3L 6	<input type="checkbox"/> Turbo Diesel Gas Fuel Injecto		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Trsl	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car Van Minivan Other <input type="checkbox"/> Spor. Ult Truck <input checked="" type="checkbox"/> Motorcycle
Body Style					
<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door Stationwagon <input checked="" type="checkbox"/> Pick Up Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)	Location		Failed Part(s)	
01200080	STEERING:GEAR BOX	<input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
0	29-AUG-2000	45000	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
UPPER MOUNTING BOLTS FOR STEERING GEAR BOX COMPLETELY BACKED OUT, AND TWO LOWER MOUNTING BOLTS HAD LOOSEENED UP. CONSUMER HAD A PROBLEM STEERING AT ABOUT 25 MPH. *AK SEE BACK					
CCA FORM ON BACK IF NEEDED					
The Privacy Act of 1974-Public Law 93-502 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.					

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

AUG 29-2000 THIS VEHICLE IS PRIMARILY DRIVEN BY MY SPOUSE, I HAD NOT DRIVEN THE TRUCK FOR ABOUT 6 DAYS PREVIOUSLY. I GOT INTO THE TRUCK TO GO ABOUT 3 BLOCKS, I GOT TO THE FIRST BLOCK AND NOTICED A LAG IN THE STEERING WHEEL (EXCESSIVE MOVEMENT BEFORE THE WHEELS WOULD RESPOND.) THIS EXCESSIVE PLAY WAS ABOUT 8" INCHES OR MORE. ON THE RETURN TO HOME (ASO 3 BLOCKS) IT WAS EVEN MORE EVIDENT THE FASTER I WENT TOP SPEED ABOUT 25-30 MPH. I GOT HOME AND HAD MY NEIGHBOR TURN THE STEERING WHEEL (ENGINE RUNNING) WHILE I HAD ON THE GLOVES TO INSPECT THE STEERING LINKAGE. AT THIS TIME I SAW THE STEERING GEAR BOX NOT ANCHORED TO THE LEFT FRAME RAIL, THE UPPER BOLT HAD COMPLETELY BACKED OUT, IT HIT THE RUBBER SPLASH GUARD IN THE WHEEL WELL OR IT MIGHT HAVE FALLEN OUT COMPLETELY ALSO THE TWO LOWER BOLTS HAD BACKED OUT ABOUT 2 OR 3 COMPLETE TURNS FROM TIGHTENED. AFTER ALL THE BOLTS WERE REINSTALLED AND TIGHTENED, THE TRUCK WAS FINE, I ALSO NOTICED WHEN I BOUGHT THIS TRUCK THE STEERING WHEEL LOOKED LIKE IT WAS DOWN ON THE RIGHT (OR CENTER) THE ~~LEFT~~ STEERING WHEEL IS NOW STRAIGHT. I PURCHASED IT IN APRIL-2000

* U.S.G.P.O. 1999-625-037/0006

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NAT'L HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

20590+0001

