Form Approved: O.M.B. No. 2127-0042

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 190

Date Received: 05-SEP-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 869457

OWNER INFORMATION (Type or Print)

APRIL BAILEY 633252
1217 WORINGTON DR
CHESAPEAKE VA 23322

Work Number
Home Number 757-546-1915

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
3GNGK26J4XG193142	CHEVROLET TRUI	SUBURBAN	1999	

Purchase Date
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ 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)
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s) _____
Mileage at Failure(s) 11
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	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 VEHICLE WILL PULL TO THE LEFT AND TO THE RIGHT ALONG WITH A

Form Approved: O M B No. 2127-0008

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00 OCT -3 AM 10:53
OFFICE OF DEFECTS INVESTIGATION

FOR AGENCY USE ONLY 160

Date Received
05-SEP-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No.
869457

OWNER INFORMATION (Type or Print)

[redacted] 633252

Work Number

Home Numb[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Ow[redacted] Date 9 / 18 / 00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
3GNGK26J4XG193142	CHEVROLET TRU	SUBURBAN	1999	14,000

Purchase Date: June 1999 [X] New [ ] Used

Dealer's Name: Colonial Cherrolet
City: Norfolk State: VA Zip Code: 23502

Engine Siz (CID/CC/L): 454
No Cylinders: 8

[ ] Turbo [ ] Diesel [X] Gas [ ] Fuel Injectio

Transmiss on Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
[ ] Manua [X] Automatic	[X] Yes [ ] No	[ ] 3-Point Belt [ ] Motorbelt [X] Driverside Airbag [ ] 2-Point Bel [X] Passengerside Airbag	[X] Yes [ ] No	[ ] Front [ ] Rear [X] 4-Wheel	[ ] Car [X] Sport Uti [ ] Van [ ] Truck [ ] Minivan [ ] Motorcycle [ ] Other	[ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up [X] Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	[ ] Left [ ] Front [ ] Right [ ] Rear	[X] Original [X] Replacemen

No of Failures

Date(s) of Failure(s): Hit + killed Dog the first Month we owned - To Numerous To Mention
Mileage at Failure(s): ## informed dealer upon delivery
Vehicle Speed at Failure(s): over 85 miles per hour any speed

Failed Part(s): [ ] Yes [ ] No

NHTSA Previously: [ ] 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 Fatalitie	Estimated Property Damag	Reported to Polic
[ ] Yes [X] No	[ ] Yes [X] No	1 DOG/killed			[ ] Yes [X] No

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

WHEN APPLYING BRAKES T VEHICLE WILL PULL TO THE LEFT AND TO THE RIGHT, ALONG WITH A EXTENDED STOPPING DISTANCE, ESPECIALLY IN AN EMERGENCY SITUATION. DEALER CANNOT DETERMINE CAUSE. *AK

CONTINUE ON BACK IF NEEDED