

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 294

Date Received

11-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

870181

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
1GBKP37W0W3302341	CHEVROLET TRU	P30	1998	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <input type="checkbox"/> 2-Point Belt	<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"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01310000	Part Name(s) STEERING:POWER ASSIST:PUMP	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 2	Date(s) of Failure(s) _____ Mileage at Failure(s) 22 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

POWER STEERING PUMP COMES LOOSE WHILE DRIVING. DEALER HAS INSPECTED AND TIGHTENED THE PUMP TWICE.*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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 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 637118		DEFECTS INVESTIGATION Date Received: 00 OCT 13 5:18:11 11-SEP-2000 OFFICE INVESTIGATION Reference No. 870181 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. <input type="checkbox"/> YES <input type="checkbox"/> NO			
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
1GBKP37W0W3302341	CHEVROLET TRU	P30	1998
Current Odometer Reading	22 000		
Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo
NOV 97	GIANT RV	7.2	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City	No. Cylinders	<input checked="" type="checkbox"/> Gas
	CULTON State CA Zip Code _____	8	<input checked="" type="checkbox"/> Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type	Body Style	
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other MOTOR HOME	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck RV	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
01310000	STEERING:POWER ASSIST: GEAR GEAR BOX	<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
X3	(4-98) (7-2000) (9-200)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s)	Vehicle Speed at Failure(s)		
22			
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
POWER STEERING PUMP COMES LOOSE WHILE DRIVING. DEALER HAS INSPECTED AND TIGHTENED THE PUMP TWICE. *AK *GEAR BOX, THE MOST RECENT INCIDENT WAS LAST WEEK AT MY 22,000 MILE SERVICE IT WAS NOTED THE GEAR BOX LOOSENEED & THREW THE FRONT WHEELS OUT OF ALIGNMENT RESULTING IN THE 2 FRONT TIRES HAVING TO BE REPLACED AFTER THE GEAR BOX WAS TIGHTENED THE FRONT-END WENT →			
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.			

