



**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 117	
Data Received	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____
13-SEP-2000	Reference No. <b>870429</b>

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 front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
<b>FILL IN</b>	CHEVROLET TRU	ASTRO	1997			
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<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 Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 01220000 03250000	Par. Name(s) <b>STEERING:POWER:GEAR BOX</b> <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>1</b>	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>65</u> Vehicle Speed at Failure(s) <u>3</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**WHILE BACKING OUT OF PARKING SPACE & WAS TRYING TO TURN STEERING WHEEL AND POWER MODULE WENT OUT. WAS DEPRESSING BRAKE PEDAL & VEHICLE HAD NO BRAKES. VEHICLE TOWED TO DEALER. WAS INFORMED BY MECHANIC THAT STERRING & ABS BRAKES WERE CONNECTED TO ONE ANOTHER. WHEN ONE FAILED, BOTH OF THEM WERE OUT.\*AK**

CONTINUED ON BACK (REVERSE)

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.

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

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

THIS IS A FLEET VEHICLE LEASED BY LUCENT TECHNOLOGIES  
I AM THE SOLE DRIVER OF THIS VEHICLE

WHILE BACKING OUT OF PARKING SPACE & WAS TRYING TO TURN STEERING WHEEL AND POWER MODULE WENT OUT. WAS DEPRESSING BRAKE PEDAL & VEHICLE HAD NO BRAKES. VEHICLE TOWED TO DEALER. WAS INFORMED BY MECHANIC THAT STEERING & ABS BRAKES WERE CONNECTED TO ONE ANOTHER. WHEN ONE FAILED, BOTH OF THEM WERE OUT. OK

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	0	Number of Fatalities	0	Estimated Property Damages		Reported to Police	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)

No of Failures	1	Date(s) of Failure(s) Message at Failure(s)	08,000 DCT1999	Vehicle Speed at Failure(s)	3	Failed Part(s) Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component	01220000 03260000	Part Name(s)	STERING:POWER:GEAR BOX BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location	Front Left Rear	Failed Part(s) Replacement	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag	Cruise Control	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train	Front Rear 4-Wheel	Vehicle Type	Car Van Minivan Other	Body Style	2-Door 4-Door Stationwagon Pick Up Truck Other
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Purchase Date	MAY 1997	Dealers Name	EWING CHEVROLET	City/State/Zip	OKLAHOMA OK 73101	Engine Size (CID/CAL)	4.7L	Fuel Injection	<input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo
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**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN)	FILL IN 1GCDL19458J818794	Vehicle Make	CHEVROLET TRU	Vehicle Model	ASTRO AWD	Vehicle Year	1997	Current Odometer Reading	70,000
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**OWNER INFORMATION (Type or Print)**

637847

Home Number: [REDACTED]  
Work Number: [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  
 YES  
 NO

Signature of Owner: [REDACTED]  
Date: 9/26/00

DEFECTS INVESTIGATION OFFICE  
00 OCT - 5 AM 11:13 SEP 2000  
Date Received: 13-SEP-2000  
od. nr. \_\_\_\_\_  
od. it. \_\_\_\_\_  
up. nr. \_\_\_\_\_

870429 Reference No.

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