

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

119

Date Received

23-SEP-2000

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Reference No.

871749

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
2GCEK19K7R1217492	CHEVROLET TRU	C20	1994	

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 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 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"/> Inertial <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 <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<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 12360000	Part Name(s) INTERIOR SYSTEMS/SEATS	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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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)

RECALL NUMBER 95V246000 MFR NUMBER 94C62, RECALL WORK WAS CORRECTED SENSE THE RECALL REPLACEMENT CONSUMER HAS REPLACED TWO BOLTS AND THE SEAT, SEAT WAS REPLACED DUE TO FRAME DAMAGE, BOLT CONTINUE TO BRAKE. PLEASE PROVIDE ANY FURTHER DETAILS.

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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RECALL NUMBER 95V24600/MANUFACTURER'S RECALL 94C62; RECALL WORK WAS CORRECTED SINCE RECALL REPLACEMENT. CONSUMER HAS REPLACED TWO BOLTS AND THE SEAT, SEAT WAS REPLACED DUE TO FRAME DAMAGE, BOLT CONTINUED TO BREAK, PLEASE PROVIDE ANY FURTHER DETAILS. AK CALLED CHEVROLET CUSTOMER SERVICE 1-800-222-1020 SPANG TO A REPS SHE INFORMED ME THAT SVR WAS THE ARRANGER, BT COULD NOT HELP ME WITH PROBLEM. BOLT BROKE AFTER SEAT REPLACED IN 1998 I HAVE THE LAST BROKEN BOLT I HAVE SAME CORRECTIONS TO THIS FORM

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	NONE	Number of Fatalities	NONE	Estimated Property Damage	NONE	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: 3

Date(s) of Failure(s): 1996, 6/98, 9/25/2000

Mileage at Failure(s): 14,000, 21,789, 42,051

Vehicle Speed at Failure(s): 25, 20, 15

Failed Part(s): Available?  Yes  No

NHTSA Previously Contacted?  Yes  No

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 12310000

Part Name(s): INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS

Location:  Front  Left  Right  Rear

Failed Part(s):  Original  Replacement

**VEHICLE INFORMATION**

Transmission Type:  Automatic  Manual

Antilock Brakes:  Yes  No

Restraint System:  3-Point Belt  Driver's Side Airbag  2-Point Belt  Passenger's Side Airbag

Crash Control:  Yes  No

Drive Train:  Front  Rear  4-Wheel

Vehicle Type:  Car  Van  Minivan  Other

Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**VEHICLE IDENTIFICATION INFORMATION**

Vehicle Ident. No. (VIN): 2GCCK19K7R1217492

Vehicle Make: CHEVROLET TRU

Vehicle Model: SK1073

Vehicle Year: 1994

Current Odometer Reading: 42,352

Engine Size: 5.7L

Engine Type:  Gas  Diesel  Turbo

Fuel Injection:  Gas  Diesel

Dealers Name: HUSTED T CHEVROLET INC

City: CENTARRENA, State: N.Y. Zip Code: 11726

Purchase Date: 4/13/1994

Dealers Name:  New  Used

**VEHICLE INFORMATION**

Signature of Owner: \_\_\_\_\_

Date: 10/1/2006

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

In the absence of an owner, provide name and address to the vehicle manufacturer: \_\_\_\_\_

**OWNER INFORMATION (Type or Print)**

Work Number: 642976

Home Number: 871749

Reference No.: \_\_\_\_\_

Date Received: 09 OCT 25 PM 2:58

DOT Auto Safety Hotline: 1-888-327-4236

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U.S. Department of Transportation

National Highway Traffic Safety Administration

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