



**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 118**

Data Received  29-SEP-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  871850	

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>(Listed at front of windshield or drivers side)</small> <b>1GCCS1445X8151826</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>S10</b>	Vehicle Year <b>1999</b>	Current Odometer Reading	
Purchase Date  <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

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

Component <b>06410000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL</b>	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
No of Failures	Date(s) of Failure(s) <b>12-JUL-2000</b> Mileage at Failure(s) <b>10728</b> Vehicle Speed at Failure(s) _____	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	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)**

WHILE SHIFTING FROM 1ST TO 2ND GEAR ENGINE REVVED UP TO ABOUT 3500 RPMS. AFTER TAPPING THE ACCELERATOR PEDAL ENGINE REVVED UP THE RED LINE. DRIVER HAD TO SHUT THE IGNITION OFF, LET OUT ON THE CLUTCH ,AND ENGINE FINALLY SHUT DOWN. THE TRUCK WAS TAKEN TO THE DEALERSHIP. DEALER FOUND A STICKING IAC. THE IAC HAD A BURR SPOT. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

CONTINUED ON BACK PLEASE

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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Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> <b>1GCCS1445X8151826</b>	Vehicle Make <b>CHEVROLET TRU</b>	Vehicle Model <b>S10</b>	Vehicle Year <b>1999</b>	Current Odometer Reading	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

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

Component <b>06410000</b>	Part Name(s) <b>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL</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	Date(s) of Failure(s) <b>12-JUL-2000</b> Mileage at Failure(s) <b>10728</b> Vehicle Speed at Failure(s) _____	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	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)**

WHILE SHIFTING FROM 1ST TO 2ND GEAR ENGINE REVVED UP TO ABOUT 3500 RPMS. AFTER TAPPING THE ACCELERATOR PEDAL ENGINE REVVED UP THE RED LINE. DRIVER HAD TO SHUT THE IGNITION OFF, LET OUT ON THE CLUTCH AND ENGINE FINALLY SHUT DOWN. THE TRUCK WAS TAKEN TO THE DEALERSHIP. DEALER FOUND A STICKING IAC. THE IAC HAD A BURR SPOT. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

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<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p><b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	
<p>FOR AGENCY USE ONLY 118</p>		<p>DOT Auto Safety Hotline</p>	
<p>Date Received: 29-SEP-2000 Reference No.: 871850</p>		<p>Work Number: 643207</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>		<p>Signature of Owner: [Redacted]</p>	
<p>VEHICLE INFORMATION</p>			
<p>Vehicle Ident. No. (VIN) [Redacted]</p>		<p>Vehicle Make: CHEVROLET TRU</p>	
<p>Vehicle Model: 910</p>		<p>Vehicle Year: 1999</p>	
<p>Current Odometer Reading: 13,210</p>		<p>Purchase Date: 3-15-99</p>	
<p>Dealer's Name: Jerry's Chevrolet-Buick Inc.</p>		<p>City: Weatherford, TX Zip Code: 76086</p>	
<p>Engine Size (CID/CYL): 2.2</p>		<p>No Cylinders: 4</p>	
<p>Turbo: <input type="checkbox"/> Diesel: <input type="checkbox"/> Gas: <input checked="" type="checkbox"/> Fuel Injection: <input type="checkbox"/></p>		<p>Transmission Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	
<p>Body Style: <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</p>		<p>Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag</p>	
<p>Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Other</p>		<p>Antilock Brakes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Drive Train: <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>		<p>Cruise Control: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Component: 06410000</p>		<p>Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL PEDAL</p>	
<p>Location: <input type="checkbox"/> Front <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>Vehicle Speed at Failure(s): 10728</p>		<p>Mileage at Failure(s): 12-JUL-2000</p>	
<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>			
<p>Crash: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>Number of Persons Injured: _____</p>		<p>Number of Fatalities: _____</p>	
<p>Estimated Property Damage: _____</p>		<p>Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>			
<p>WHILE SHIFTING FROM 1ST TO 2ND GEAR ENGINE REVVED UP TO ABOUT 3500 RPMs. AFTER TAPPING THE ACCELERATOR PEDAL ENGINE REVVED UP THE RED LINE. DRIVER HAD TO SHUT THE IGNITION OFF, LET OUT ON THE CLUTCH, AND ENGINE FINALLY SHUT DOWN. THE TRUCK WAS TAKEN TO THE DEALERSHIP. DEALER FOUND A STICKING IAC. THE IAC HAD A BURR SPOT. PLEASE PROVIDE ANY FURTHER INFORMATION. AK WE WILL NOT DRIVE VEHICLE UNLESS WE HAVE FOOD TO DRIVE TO BEING AFRAID IT WILL DO THIS AGAIN! MY WIFE IS REALLY AFRAID TO DRIVE AT GRAHAM. THE VEHICLE WAS REPAIRED AT BIRD FORD AUTO COMPLET IN GRAHAM TEXAS AND HAVE COPY OF INCIDENT. THE REASON REPAIRED AT GRAHAM IT WAS CLOSEST CHEVROLET DEALERSHIP.</p>			
<p>CONTINUE ON BACK IF NEEDED</p>			
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