

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 335

Date Received

10-OCT-2000

 Od_or _____
 Rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

872603

 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 front of windshield on drivers side) 1GNDU03E3VD207583	Vehicle Make CHEVROLET TRU	Vehicle Model VENTURE	Vehicle Year 1997	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09202000	Part Name(s) LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Frnt ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failures 0	Date(s) of Failure(s) 01-JAN-1997 Mileage at Failure(s) 3404 Vehicle Speed at Failure(s) 2	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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HEAD LIGHTS WERE HALF FILLED WITH WATER, TOOK TO DEALER AND THEY REPLACED HEADLIGHTS. THEN, IN 02/15/99 HEADLIGHTS WERE FILLED WITH WATER AGAIN, ON 08/14/2000, THE SAME THING HAPPENED. CONSUMER FELT THIS WAS A MANUFACTURER'S DEFECT, AND IT COULD POSSIBLY CAUSE AN ELECTRICAL SHORT.*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.

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Signature of Owner _____ Date ____/____/____

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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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No of Failures 0	Date(s) of Failure(s) 01-JAN-1997 Mileage at Failure(s) 3404 Vehicle Speed at Failure(s) 2	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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4235 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received <u>10-OCT-2000</u> Office <u>IS INVESTIGATION</u> Work Number <u>[REDACTED]</u> Home Number <u>[REDACTED]</u>	
OWNER INFORMATION (Type or Print) 644884		Reference No. 872603	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of <u>[REDACTED]</u> access to the vehicle manufacturer. Signature of <u>[REDACTED]</u> Date <u>10/16/2000</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Location at bottom of windshield on driver's side) 1GNDU03E3VD207583		Vehicle Make CHEVROLET Vehicle Model TRU VENTURE Vehicle Year 1997 Current Odometer Reading 51,000	
Purchase Date 8/9/97 ☒ New ☐ Used		Engine Size (CID/CC/L) 3.4 ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection No Cylinders 6	
Dealers Name ROGERS Chevy-VOLVO City BOWIE State MD Zip Code 20717			
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No Drive Train ☒ Front ☐ Rear ☐ 4-Wheel
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 09202000	Part Name(s) LIGHTING: LAMP OR SOCKET: HEAD LIGHTS	Location ☒ Left ☒ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures 3	Date(s) of Failure(s) 01-JAN-1997 Mileage at Failure(s) 8404 Vehicle Speed at Failure(s) 0	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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage 0		Reported to Police ☐ Yes ☒ No	
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CONTINUE ON BACK IF NEEDED