

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 156

Data Received

25-OCT-2000

 Ocl_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

873835

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> 1GNDM19W5XB144894	Vehicle Make CHEVROLET TRU	Vehicle Model ASTRO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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 <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <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 checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03272000	Part Name(s) BRAKES:HYDRAULIC:DISC:PADS AND SHOES	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) <u>24-OCT-2000</u> Mileage at Failure(s) <u>21</u> 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)

DEFECTIVE DRIVER INBOARD PAD WORN METAL TO METAL WHICH CAUSED EXTENDED STOPPING DISTANCE. MAY RESULT IN A CRASH. PLEASE PROVIDE 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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Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
 www.nhtsa.dot.gov/hotline
 OWNER INFORMATION (Type or Print)
 650268

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: [Redacted]
 Date: 11/15/00

VEHICLE INFORMATION
 Vehicle ID# (VIN): 1GNDM19W5XB144994
 Vehicle Make: CHEVROLET TRU
 Vehicle Model: ASTRO
 Vehicle Year: 1999
 Current Odometer Reading: 21709

VEHICLE INFORMATION
 Purchase Date: 6-29-99
 Dealer's Name: White Allen Chev.
 City: Dayton State: OH Zip Code: 45405
 Engine Size: 4.3 CID/GCC/L
 Fuel Injection: Gas
 Diesel
 Turbo
 Transmission Type: Automatic
 Manual
 Antilock Brakes: Yes
 No
 Restraint System: 3-Point Belt
 Driver's Side Airbag
 2-Point Belt
 Passenger's Side Airbag
 Cruise Control: Yes
 No
 Drive Train: Front
 Rear
 4-Wheel
 Vehicle Type: Car
 Van
 Minivan
 Other
 Sport Ute
 Truck
 Motorcycle
 Body Style: 2-Door
 4-Door
 Stationwagon
 Pick Up Truck
 Other

FAILED COMPONENT(S) INFORMATION
 Component: 03272000
 Part Name(s): BRAKES-HYDRAULIC-DISC:PADS AND SHOES
 Location: Left
 Right
 Front
 Rear
 Failed Part(s): Original
 Replacement
 NHTSA Previously Contacted? Yes
 No
 Available? Yes
 No
 Date(s) of Failure(s): 24-OCT-2000
 Mileage at Failure(s): 21
 Vehicle Speed at Failure(s):
 No of Failures:
 Failed Part(s):

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
 Number of Persons Injured: Yes No
 Number of Failures: Yes No
 Estimated Property Damage: Yes No
 Reported to Police: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

DEFECTIVE DRIVER INBOARD PAD WORN METAL TO METAL WHICH CAUSED EXTENDED STOPPING DISTANCE, MAY RESULT IN A CRASH. PLEASE PROVIDE FURTHER INFORMATION, *AK
 Please refer to Sketch on Rev. Side
 11-5-00

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.

CONTINUE ON BACK IF NEEDED

FOR AGENCY USE ONLY
 Date Received: 08 NOV 27
 25-OCT-2000
 DEFECTS DIVISION
 873635

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

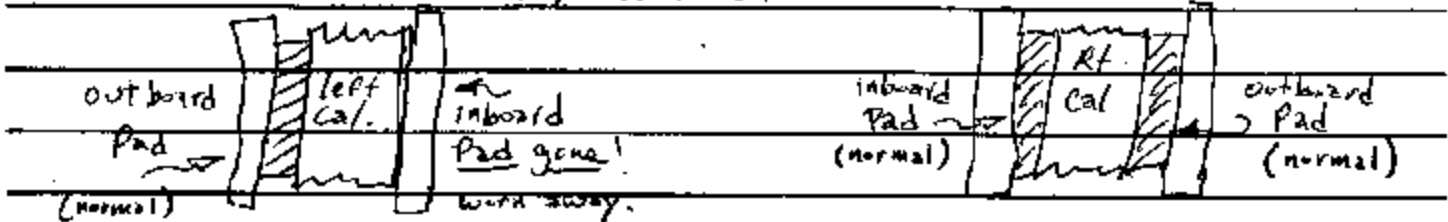
TIRE IDENTIFICATION NO.*

D	O	T											MANUFACTURER/TIRE NAME	SIZE	

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Top View of Veh.



- 1- metal to metal growl coming from left front corner.
- 2- I inspected & determined brake system failure -
- 3- Took Veh. to dealer for repair of system (warranty)
- 4- Dealer said "wear" was normal
- 5- Dealer refused to acknowledge braking system malfunction
- 6- Date delivered to dealer 10/23
- 7- Uneven braking forces make vehicle dangerous to operate.
- 8- I need help for the danger posed. (I also need my veh.)

☆ U.S. G.P.O.: 1992 - 620-897 / 80086

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

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
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IF MAILED
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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
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Washington, DC 20590