Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National 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 117

Date Received: 21-DEC-2000

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 876911

OWNER INFORMATION (Type or Print)

[redacted] 662833

Work Number [redacted]
Home Number [redacted]

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 bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1GB4G39R1X1096330	CHEVROLET TRUC	G30	1999	

Purchase Date
☒ New ☐ Used

Dealer's Name _____
City _____ State _____ Zip Code _____

Engine Siz (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other ☐ Sport Uti ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01310000 08210000 08100000	STEERING:POWER ASSIST:PUMP ELECTRICAL SYSTEM:ALTERNATOR:GENERATOR ELECTRICAL SYSTEM:BATTERY	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures

Date(s) of Failure(s)_____
Mileage at Failure(s)_____ 20_____
Vehicle Speed at Failure(s)_____

Failed Part(s) ☐ Yes ☐ No

NHTSA Previously ☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(es) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE DRIVING ON BACK ROAD LOST STEERING POWER. HAD VEHICLE TOWED TO DEALERSHIP & WAS INFORMED BY MECHANIC THAT STEERING PUMP HAD BLOWN. ALSO, VEHICLE WAS TOWED TO DEALERSHIP TWICE DUE TO ALTERNATOR HAVING TO BE REPLACED FOR NOT STARTING. IN ADDITION, BATTERY WAS REPLACED TWICE BECAUSE CONSUMER WAS UNABLE CHARGE ALTERNATOR. *AK

CONTINUE ON BACK IF NEEDED