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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                              |                                                                                                                        | <b>FOR AGENCY USE ONLY 335</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                        |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <div style="float: right; width: 100px; text-align: center;">663472</div>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | <b>Date Received</b><br><br>28-DEC-2000                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Od or</b> _____<br><b>rt dt</b> _____<br><b>od rt</b> _____<br><b>up ltr</b> _____                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        | <b>Reference No.</b><br><br>877126                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                        |
| <b>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</i>                                                                                                                                                                                                                                                                                                  |                                                                                                                        | <b>Work Number</b> _____<br><b>Home Number</b> _____                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                        |
| <b>Signature of Owner</b> _____ <b>Date</b> ____/____/____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| <b>Vehicle Ident. No. (VIN.)</b> (located at bottom of windshield on driver's side)<br><br>1GCDM19W9YB110886                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        | <b>Vehicle Make</b> CHEVROLET TRUCK <b>Vehicle Model</b> ASTRO <b>Vehicle Year</b> 2000 <b>Current Odometer Reading</b> _____                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |
| <b>Purchase Date</b><br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Dealer's Name</b> _____<br><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Engine Size (CID/CC/L)</b> _____ <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio<br><b>No Cylinders</b> _____                 |
| <b>Transmission Type</b><br><input type="checkbox"/> Manual <input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Antilock Brakes</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          | <b>Restraint System</b><br><input type="checkbox"/> 3-Point Bel <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag                                                                                                                                                                                                                  | <b>Cruise Control</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                           |
| <b>Drive Train</b><br><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        | <b>Vehicle Type</b><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Other _____ <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck | <b>Body Style</b><br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck                             |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| <b>Component</b><br>11501000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Part Name(s)</b><br>VENTILATION:FRESH AIR:HEATER:DEFROSTER:DEFOGGER:CONT                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Location</b><br><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Original<br><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Replacement |
| <b>No of Failures</b><br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date(s) of Failure(s)</b> 01-DEC-2000<br><b>Mileage at Failure(s)</b> 14318<br><b>Vehicle Speed at Failure(s)</b> 0 |                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Failed Part(s)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <b>NHTSA Previously</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                  |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| <b>Crash</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Fire</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                     | <b>Number of Persons Injured</b><br>0                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Number of Fatalities</b><br>0                                                                                                                                                                                       |
| <b>Estimated Property Damag</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | <b>Reported to Polic</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| ON PASSENGER'S SIDE THERE'S PLENTY OF HEAT, BUT ON DRIVER'S DIDE THERE IS NO HEAT AT ALL. *AK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |
| 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 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. |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                        |