



DOT Auto Safety Hotline		FOR AGENCY USE ONLY 252	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		Date Received 10-JAN-2001
	OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> 666174		Od_or _____ rt dt _____ ord_rt _____ up_itr _____ Reference No. 877957
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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 Mfg	Vehicle Model	Vehicle Year
1GNDM19W2X113313	CHEVROLET TRUC	ASTRO	1999
Purchase Date	Dealer's Name	Engine Siz (CID/CC/L)	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Diesel
Transmission Type	Antilock Brakes	Restraint System	<input type="checkbox"/> Gas
<input type="checkbox"/> Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt	<input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel	
		<input type="checkbox"/> Passengerside Airbag	
		Cruise Control	Vehicle Type
		<input type="checkbox"/> Yes	<input type="checkbox"/> Car <input type="checkbox"/> Sport Ult
		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck
		Drive Train	<input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle
		<input type="checkbox"/> Front	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Rear	Body Style
		<input type="checkbox"/> 4-Wheel	<input type="checkbox"/> 2-Door
			<input type="checkbox"/> 4-Door
			<input type="checkbox"/> Stationwagon
			<input type="checkbox"/> Pick Up
			<input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part/s
13400000	STRUCTURE:DOOR ASSEMBLY	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Original
		<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
0	07-JAN-2001	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s)		
	43000		
	Vehicle Speed at Failure(s)		
	0		
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalitie
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
		Estimated Property Damag	Reported to Polic
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN VEHICLE IS ON AN INCLINE DOOR WILL NOT CATCH AND FAILS TO SECURE PROPERLY. DEALERSHIP IS AWARE OF PROBLEM.*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.			

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OWNER INFORMATION (Type or Print) [Redacted] 666174		Date Received: 10 JAN 2001 Od or rt dt: _____ od rt: _____ Ub Nr: _____ Reference No.: 0877957 Work Number: _____ Home Num: _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner: [Redacted]		Date: 1/29/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GN0M19W2X113313	CHEVROLET TRU	ASTRO	1999
Current Odometer Reading	Purchase Date		
44,000	Dealer's Name: Quality Chevrolet		
	City: Escondido	State: CA	Zip Code: 92025
	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Engine Size (CID/CC/L)	No Cylinders: 6
		<input type="checkbox"/> Turbo Diesel Gas	<input checked="" type="checkbox"/> Fuel Injection
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Sport Util. Truck <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
			Body Style
			<input checked="" type="checkbox"/> 2-Door w/ sliding side door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
13400000	STRUCTURE:DOOR ASSEMBLY	<input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	07-JAN-2001 Mileage at Failure(s): 43000 Vehicle Speed at Failure(s): 0	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN VEHICLE IS ON AN INCLINE, DOOR WILL NOT CATCH AND FAILS TO SECURE PROPERLY. DEALERSHIP IS AWARE OF PROBLEM. *AK This problem occurs when the front of the car is on the downside of the incline. ^{side sliding} ^{firmly} Dealer's repairman stated that this problem is the way the car is made. He also stated if the incline is great, the sliding door will not catch at all.			
CONTINUE ON BACK IF NEEDED			
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