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 335

Date Received: 17-JAN-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.: 878294

OWNER INFORMATION (Type or Print)

[redacted] 666934

Work Number [redacted]

Home Number

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
1GCHG35R5X1116628	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 ☐ Universide Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Uti ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagor ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
01150000	STEERING:COLUMN SHAFT UPPER	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s)	NHTSA Previously
0	Date(s) of Failure(s) 13-JAN-2001 Mileage at Failure(s) 23485 Vehicle Speed at Failure(s) 0	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

CONSUMER STATES WHILE COMING TO A STOP LIGHT AND WHILE PROCEEDING TO TURN AT CORNER THE POWER STEERING WENT OUT AND THE BRAKES FAILED AT THE SAME TIME. CONSUMER HAD TO HIT A PALE OF SNOW FOR VEHICLE TO STOP

CONTINUE ON BACK IF NEEDED

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Date Received: 01 FEB -2 AM 17-JAN-2001

OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rl
up_ltr

Reference No. 878294

Work Number [redacted]
Home Number

OWNER INFORMATION (Type or Print)

[redacted] 666934

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 1/29/01

VEHICLE INFORMATION

Vehicle Ident. No (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCHG35R5X1116628	CHEVROLET TRU	G30	1999	23720

Purchase Date
☐ New ☒ Used

Dealer's Name: SMITH CHEVROLET
City: HAMMOND State: IN Zip Code: 46320

Engine Size (CID/CC/L): 350 ci
No Cylinders: 8

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
03260000 01300000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM STEERING:POWER ASSIST	☐ Left ☐ Right ☐ Front ☐ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
0	13-JAN-2001 / 23495 / 0	☑ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0		☐ Yes ☒ No

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

WHILE COMING TO A STOP LIGHT AND PROCEEDING TO TURN AT CORNER POWER STEERING WENT OUT, AND THE BRAKES FAILED AT SAME TIME. CONSUMER HAD TO HIT A PILE OF SNOW FOR VEHICLE TO STOP. *AK

CONTINUE ON BACK IF NEEDED