



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY

255

Date Received

23-JAN-2001

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Reference No.

876789

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 Make CHEVROLET TRU	Vehicle Model SUBURBAN	Vehicle Year 1994	Current Odometer Reading
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Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size _____ (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INTERMITTENT WINDSHIELD WIPER PROBLEM. THERE IS A RECALL FOR THIS MAKE/MODEL, BUT THIS VEHICLE IS NOT COVERED DUE TO VIN. *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 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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 255 Date Received: <u>23-JAN-2001</u> Defects Investigation Reference No. <u>878789</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 668620			
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 <u>1/29/01</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GNFK16K2RJ416519</u>		Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>SUBURBAN</u>
Vehicle Year <u>1994</u>		Current Odometer Reading <u>66,741</u>	
Purchase Date <u>7-21-94</u> ☐ New ☒ Used	Dealer's Name <u>Anderson Chevrolet</u> City <u>Menlo Park</u> State <u>Ca</u> Zip Code _____		Engine Size (CID/CCIL) <u>350</u> No Cylinders <u>8</u> ☐ Turbo Diesel ☒ Gas Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other		Body Style ☒ Sport Ult ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>10312000</u>	Part Name(s) <u>VISUAL SYSTEMS: WINDSHIELD WIPER: MOTOR- Circuit Board</u>		Location ☐ Left ☐ Right ☐ Front ☐ Rear
No of Failures <u>4</u>	Date(s) of Failure(s) <u>1-10-01 1-13-01 1-14-01 1-22-01</u> Mileage at Failure(s) <u>66,720</u> Vehicle Speed at Failure(s) <u>all speeds</u>		Failed Part(s) Available? ☒ Yes ☐ No NHTSA Previously Contacted? ☐ 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 ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
INTERMITTENT WINDSHIELD WIPER PROBLEM. THERE IS A RECALL FOR THIS MAKE/MODEL, BUT THIS VEHICLE IS NOT COVERED DUE TO VIN. *AK			
CONTINUE ON BACK IF NEEDED			
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