



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 284

Date Received

03-FEB-2001

Ord. or  
rt. dt  
pd. rt  
ip. ltr

Reference No.

880144

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) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCCS1444TK159879	CHEVROLET TRU	S10	1996	

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09417000 09002000	Part Name(s) LIGHTING:SWITCH:MULTIFUNCTION SWITCH:TURN SIGNAL LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEADLIGHTS	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 01-FEB-2001 Mileage at Failure(s) 75 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WIRE ON MULTI FUNCTION SWITCH CAME LOOSE, CAUSING HEADLIGHTS TO MALFUNCTION.  
DEALER REPLACED MULTIFUNCTION SWITCH. \*AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974, Public Law 93-502. 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.



# Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

## OWNER INFORMATION (Type or Print)

673471  
 [Redacted]  
 [Redacted]  
 [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: [Redacted]  
 Date: 2/21/01

## VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN): [Redacted]  
 VEHICLE MAKE: CHEVROLET TRU S10  
 VEHICLE MODEL: 1996  
 CURRENT ODOMETER READING: 76433

PURCHASE DATE: 3-28-96  
 DEALER'S NAME: Bnd Kovts Chevrolet  
 CITY/STATE: Lansing, MI  
 ZIP CODE: [Redacted]  
 PURCHASE TYPE:  New  Used

TRANSMISSION TYPE:  Automatic  Manual  
 ANTILOCK BRAKES:  Yes  No  
 RESTRAINT SYSTEM:  Motorbelt  2-Point Belt  3-Point Belt  
 DRIVE TRAIN:  Front  Rear  4-Wheel  
 VEHICLE TYPE:  Car  Van  Minivan  Other  
 Sport Util  Truck  Motorcycle  Other  
 BODY STYLE:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

COMPONENT: 0817000 LIGHTING:SWITCH:TURN SIGNAL  
 0902200 LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS  
 PART NAME(S): Location  
 Front  Left  Right  Rear  
 FAILED PART(S): Failed Part(s)  
 Original  Replacement

NO OF FAILURES: 1  
 DATE(S) OF FAILURE(S): 01-FEB-2001  
 MESSAGE AT FAILURE(S): 75,000  
 VEHICLE SPEED AT FAILURE(S): 70 MPH  
 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: [Redacted]  
 NUMBER OF FATALITIES: [Redacted]  
 ESTIMATED PROPERTY DAMAGE: [Redacted]  
 REPORTED TO POLICE:  Yes  No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)  
 WIRE ON MULTI FUNCTION SWITCH CAME LOOSE, CAUSING HEADLIGHTS TO MALFUNCTION.  
 DEALER REPLACED MULTIFUNCTION SWITCH. \*AK

Form Approved OMB No. 2127-0006  
 FOR AGENCY USE ONLY 384  
 DATE RECEIVED: 08-FEB-2001  
 TIME: 10:51 AM  
 OFFICE: [Redacted]  
 REFERENCE NO.: 880144  
 WORK NUMBER: [Redacted]  
 HOME NUMBER: [Redacted]

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.