



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

117

Date Received

09-FEB-2001

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pd\_rt

ip\_ltr

Reference No.

880287

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)<br><small>(Located at bottom of<br/>windshield on driver's side)</small> | Vehicle Make  | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GN GK26JX4448200                                                                                 | CHEVROLET TRU | SUBURBAN      | 1999         |                          |

|                                                                                            |                                                              |                                                       |                                                                                                                                              |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date<br><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____<br>City _____ State _____ Zip Code _____ | Engine Size _____<br>(CID/CC/L)<br>No Cylinders _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                |                                                                                               |                                                                                                                                                                                                                                                             |                                                                                              |                                                                                                                        |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other | Body Style<br><br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |                                                   |                                                                                                                                          |                                                                                             |
|-----------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>03250000 | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                       |                                                                                                    |                                                                                          |                                                                                            |
|-----------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| No. of Failures<br>10 | Date(s) of Failure(s)<br>21-DEC-2000<br>Mileage at Failure(s)<br>21<br>Vehicle Speed at Failure(s) | Failed Part(s)<br>Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br>Contacted?<br><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<br><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

WHILE DRIVING VEHICLE LOST BRAKES AFTER APPLYING THEM TO SLOW DOWN. WAS TENTH TIME PROBLEM HAS HAPPENED. HAD REARENDED ANOTHER VEHICLE AT 25MPH. MECHANIC COULD NOT RESOLVE ISSUE. WHEN VEHICLE WAS TOWED, TOW DRIVER NOTICED PROBLEM WITH BRAKES. BEEN TO TWO DIFFERENT DEALERSHIP, CURRENTLY PROBLEM HAS BEEN RESOLVED. \*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.

|                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <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</b> 117<br>Date Received: 09-FEB-2001<br>OF FILE<br>CORRECTS INVESTIG                                                                                                                                                                  |                                                                                                                                                                                                                             |
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 150px; height: 40px; margin: 5px 0;"></div> 673798                                                                                                                                                                                                       |                                                                                                                                                    | Od or _____<br>rt or _____<br>od rt _____<br>up tr _____<br>Reference No.<br>880287                                                                                                                                                                           |                                                                                                                                                                                                                             |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner _____ Date: / /                                                                                                   |                                                                                                                                                    | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                           |                                                                                                                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br>1GNGK26JX4448200                                                                                                                                                                                                                                                  | Vehicle Make<br>CHEVROLET TRU                                                                                                                      | Vehicle Model<br>SUBURBAN                                                                                                                                                                                                                                     | Vehicle Year<br>1999                                                                                                                                                                                                        |
| Purchase Date<br>2/27/99                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                    | Dealer's Name<br>RAY CHEVROLET                                                                                                                                                                                                                                |                                                                                                                                                                                                                             |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                 |                                                                                                                                                    | Engine Size (CID/CC/L) 454<br>No Cylinders 8                                                                                                                                                                                                                  |                                                                                                                                                                                                                             |
| City Fox LAKE State IL Zip Code                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                                       |                                                                                                                                                                                                                             |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                            | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                          | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                         |
| Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                                                                                                                                                    | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input checked="" type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                                                                                        | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |
| Component<br>03250000                                                                                                                                                                                                                                                                                                                            | Part Name(s)<br>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM                                                                                                  | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                                      | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                      |
| No of Failures<br>10                                                                                                                                                                                                                                                                                                                             | Date(s) of Failure(s) 21-DEC-2000<br>Mileage at Failure(s) 21,429<br>Vehicle Speed at Failure(s) 20 - 25                                           | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                         | NHTSA Previously Contacted?<br><input checked="" 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)                                                                                                                                                                                          |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                        | Number of Persons Injured<br>0                                                                                                                                                                                                                                | Number of Fatalities<br>0                                                                                                                                                                                                   |
| Estimated Property Damage<br>\$1,300.00                                                                                                                                                                                                                                                                                                          |                                                                                                                                                    | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |                                                                                                                                                                                                                             |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |
| WHILE DRIVING VEHICLE LOST BRAKES AFTER APPLYING THEM TO SLOW DOWN. WAS TENTH TIME PROBLEM HAS HAPPENED. HAD REARENDED ANOTHER VEHICLE AT 25MPH. MECHANIC COULD NOT RESOLVE ISSUE. WHEN VEHICLE WAS TOWED, TOW DRIVER NOTICED PROBLEM WITH BRAKES. BEEN TO TWO DIFFERENT DEALERSHIP, CURRENTLY PROBLEM HAS BEEN RESOLVED. *AK NOT BEEN RESOLVED. |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                             |

CONTINUE ON BACK IF NEEDED

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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT

SIZE

NARRATIVE DESCRIPTION (CONTINUED)

PROBLEM HAS NOT BEEN RESOLVED

SEE PRIOR LETTER TO GM ... NO ANSWER

**RESEARCH DESIGN**

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

**Official Business  
Penalty for Private Use \$300**

**BUSINESS REPLY MAIL**

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Washington, DC 20590

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