



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 231

Date Received

28-FEB-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

881744

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) (Location at bottom of windshield and driver's side door)		Vehicle Make CHEVROLET TRUCK	Vehicle Model C1500	Vehicle Year 2001	Current Odometer Reading
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ 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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DEPRESSING BRAKES NOTICED PEDAL TRAVELING TO FLOORBOARD. VEHICLE WAS SERVICED AND TECHNICIAN COULD NOT FIND PROBLEM. WHEN TRYING TO STOP AT A STOP SIGN VEHICLE LOST BRAKING POWER, VEHICLE WENT INTO EXTENDED STOPPING DISTANCE, CAUSING AN ACCIDENT. PLEASE PROVIDE FURTHER INFORMATION. *AK

COPIES OF THIS FORM ARE:

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.

U.S. Department
of TransportationNational 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 231

Date Received

28-FEB-2001

DEFECTS INVESTIGATION

 Od_or _____
 rt_dt _____
 nd_rtr _____
 up_ltr _____

Reference No.

881744

OWNER INFORMATION (Type or Print)

677343

Work Number

Home Number

 Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
☒ YES☐ NO

Signature of Owner

Date 02/19/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of
windshield on driver's side)

Vehicle Make

Vehicle Model

Vehicle Year

Current Odometer Reading

CHEVROLET TRU C1500

2001

35,401

Purchase Date

02/31/1999

Dealer's Name Giddens Chevrolet

Engine Size
(CID/CC/L)

No Cylinders 8

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injection

City Cedar Land State GA Zip Code

Transmission Type

Antilock Brakes

Restraint System

Cruise Control

Drive Train

Vehicle Type

Body Style

☐ Manual☒ Yes☐ 3-Point Belt☐ Motorbelt☒ Yes☐ Front☐ Sport Utl☐ 2-Door☒ Automatic☐ No☒ Driverside Airbag☐ 2-Point Belt☒ No☒ 4-Wheel☐ Van☒ Truck☐ 4-Door☒ Passengerside Airbag☐ Minivan☐ Motorcycle☐ Stationwagon☐ Other☒ Pick Up Truck☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component

Part Name(s)

Location

Failed Part(s)

03250000

BRAKES:HYDRAULIC:ANTI-SKID SYSTEM

☐ Left☐ Right☐ Original☐ Front☐ Rear☐ Replacement

No of Failures

Date(s) of Failure(s) 02/26/01 Feb 25/01

Mileage at Failure(s) 28,000 35,000

Vehicle Speed at Failure(s) around 25 less 10 hours

Failed Part(s)
Available?☒ Yes ☐ NoNHTSA 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

Fire

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☒ Yes ☐ No☐ Yes ☒ No

2

0

unknown

☒ Yes ☒ No

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

WHILE DEPRESSING BRAKES NOTICED PEDAL TRAVELING TO FLOORBOARD. VEHICLE WAS SERVICED AND TECHNICIAN COULD NOT FIND PROBLEM. WHEN TRYING TO STOP AT A STOP SIGN VEHICLE LOST BRAKING POWER, VEHICLE WENT INTO EXTENDED STOPPING DISTANCE, CAUSING AN ACCIDENT. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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