



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

12-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

882705

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 SUBURBAN	Vehicle Year 1999	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 TRAVELING AT ANY SPEED AND WHEN DEPRESSING BRAKES VEHICLE GOES INTO EXTENDED STOPPING DISTANCE. PLEASE PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUE ON REVERSE

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 NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 231	
OWNER INFORMATION (Type or Print) 679453		Date Received 12-MAR-2001	Od. or rt. dt nd. rt up. tr _____ _____ _____ _____ Reference No. 882705
		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.			
Signature of Owner 		YES ☒ NO ☐ Date <u>4/18/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (1 located at bottom of windshield on driver's side) 		Vehicle Make CHEVROLET TRU	Vehicle Model SUBURBAN
Vehicle Year 1999		Current Odometer Reading 21000	
Purchase Date 99	Dealer's Name MARONIS		Engine Size 350
☐ New ☒ Used	City <u>Grand Rapids</u> State <u>MI</u> Zip Code _____		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 Belt ☒ Passengerside Airbag	Cruise Control ☐ Yes ☒ No
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other _____	Body Style ☒ Sport Utility Truck ☐ Motorcycle ☐ 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 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE TRAVELING AT ANY SPEED AND WHEN DEPRESSING BRAKES VEHICLE GOES INTO EXTENDED STOPPING DISTANCE. PLEASE PLEASE PROVIDE FURTHER INFORMATION.*AK BRAKING SYSTEM IS POOR. UNDER ENGINEERED FOR THIS VEHICLE. THEY ARE VERY DANGEROUS. THEY HAVE ADMITTED THAT THE BRAKES ARE INADEQUATE. THAT 2000 MODEL STOPS GOOD. THE 99 ARE 6000 LBS HEAVY.			
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.			