



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 758**

Date Received

21-MAR-2001

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

883659

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GCDN19W7YB187689	CHEVROLET TRUCK	ASTRO	2000			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	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"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component 08210000	Part Name(s) ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) C9-FEB-2001 9000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	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)

VEHICLE WAS PARKED, 1 HOUR LATER CONSUMER WENT BACK OUTSIDE TO FIND INSIDE OF VEHICLE HAD BURNED OUT. VEHICLE WAS TOTALLED. CAUSE OF FIRE NOT DETERMINED YET. \*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.



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

# Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT  
1-888-327-4236  
www.nhtsa.dot.gov/hotline

FOR AGENT USE ONLY 758

Date Received: 21-MAR-2001

Office: DEPT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION

Reference No. 883659

Work No. [Redacted]

Home No. [Redacted]

### OWNER INFORMATION (Type or Print)

[Redacted] 881569

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO

In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 4/1/01

### VEHICLE INFORMATION

Vehicle Ident. No. (VIN): [Redacted] Vehicle Make: CHEVROLET TRU Vehicle Model: ASTRO Vehicle Year: 2000 Current Odometer Reading: 9,000

Purchase Date: 5-31-00 Dealer's Name: Freehold Chevrolet Engine Size: 4.3  Turbo  Diesel  Gas  Fuel Injection

New  Used City: Freehold State: NJ Zip Code: 07728 No Cylinders: 6

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  Sport Ut  Truck  Motorcycle  Minivan  Other Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other: cargo

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

Component: 08310000 Part Name(s): ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD Location:  Left  Right  Front  Rear Failed Part(s):  Original  Replacement

No of Failures: Date(s) of Failure(s): 09-FEB-2001 Mileage at Failure(s): 9000 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: 0 Number of Fatalities: 0 Estimated Property Damage: 0 Reported to Police:  Yes  No

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

VEHICLE WAS PARKED, 1 HOUR LATER CONSUMER WENT BACK OUTSIDE TO FIND INSIDE OF VEHICLE HAD BURNED OUT. VEHICLE WAS TOTALLED. CAUSE OF FIRE NOT DETERMINED YET. \*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.