



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

27-APR-2001

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

Reference No.

886965

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 | | |
| ADD | CHEVROLET TRUCK | ASTRO | 1999 | | | |
| Purchase Date <input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 03250000 | Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | 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) 01-JUL-2000 40000 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 type="checkbox"/> Yes <input checked="" 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 |
|--|---|---------------------------|----------------------|--------------------------|---|

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

IN EMERGENCY SITUATIONS WHEN CONSUMER HAS TO APPLY BRAKE HARD, PEDAL WILL GO TO FLOOR AND STAY THERE. BRAKING ACTION OKAY. *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.

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CONTINUE ON BACK IF NEEDED

IN EMERGENCY SITUATIONS WHEN CONSUMER HAS TO APPLY BRAKE HARD, PEDAL WILL GO TO FLOOR AND STAY THERE. BRAKING ACTION OKAY. *AK

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

| | | | | | | | | | | | |
|-------|---|------|---|---------------------------|--|----------------------|--|---------------------------|--|--------------------|---|
| 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 |
|-------|---|------|---|---------------------------|--|----------------------|--|---------------------------|--|--------------------|---|

(Please describe in detail the incident(s), failure(s), crashes, and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

| | | | | | | | | | | | |
|----------------|--|-----------------------|-------------|-----------------------|-------|-----------------------------|----------------|---------------------------|--|-----------------------------|---|
| No of Failures | | Date(s) of Failure(s) | 01-JUL-2000 | Mileage at Failure(s) | 40000 | Vehicle Speed at Failure(s) | 15 mph in park | Failed Part(s) Available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------|--|-----------------------|-------------|-----------------------|-------|-----------------------------|----------------|---------------------------|--|-----------------------------|---|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | | | | | |
|-------------------|---|-----------------|--|------------------|---|----------------|--|
| Component | 03250000 | Part Name(s) | BRAKES:HYDRAULIC:ANTI-SKID SYSTEM | Location | Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> | Failed Part(s) | Original <input type="checkbox"/> Replacement <input type="checkbox"/> |
| Transmission Type | <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual | Antilock Brakes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> No | Cruise Control | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Vehicle Type | Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> | Vehicle Type | Car <input type="checkbox"/> Sport LR <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/> | Drive Train | Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-wheel <input type="checkbox"/> | Body Style | 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <input type="checkbox"/> |

| | | | | | | | | | |
|----------------|---|--------------|--------------|-------|--------------------------|--------|--------------------------|----------|--------------------------|
| Purchase Date | <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealers Name | <i>Brady</i> | City | | State | <i>TX</i> | Zip Code | |
| Engine Size | | Engine Type | | Turbo | <input type="checkbox"/> | Diesel | <input type="checkbox"/> | Gas | <input type="checkbox"/> |
| Fuel Injection | <input type="checkbox"/> | | | | | | | | |

VEHICLE INFORMATION

| | | | | | | | | | |
|-------------------------|------------------------|--------------|---------------|---------------|-------|--------------|------|--------------------------|--|
| Vehicle dent. No. (VIN) | ADD 1-ND W19 xxB 14208 | Vehicle Make | CHEVROLET TRU | Vehicle Model | ASTRO | Vehicle Year | 1999 | Current Odometer Reading | |
|-------------------------|------------------------|--------------|---------------|---------------|-------|--------------|------|--------------------------|--|

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 Signature of Owner: _____ Date: 5/18/01

| | | |
|---|--|------------------------------------|
| U.S. Department of Transportation National Highway Traffic Safety Administration | NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline | DOT Auto Safety Hotline |
| Vehicle Owner's Questionnaire (VOQ) | OWNER INFORMATION (Type or Print) | 689000 |
| Date Received: 27-APR-2001 | Reference No. 886966 | Work Num. _____ Home Num. _____ |