



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 160

Date Received

04-JUN-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

889651

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)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
3GNFK16R1XG131869		CHEVROLET TRUCK	SUBURBAN	1999	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03224000	Part Name(s) BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure 0	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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BRAKE BOOSTER HAD A VACCUM LEAK AND FAILED, CAUSING A TOTAL LOSS OF BRAKES. CONSUMER CAN HEAR PART FAILING AGAIN *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.

 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 160	
		Date Received <u>04 JUN 21 AM 10:49</u> 04-JUN-2001 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)		Od_or _____ rt_dt _____ od_rt _____ up_itr _____ Reference No. 889651	
[Redacted Owner Information]		Work Number _____ Home Number _____	
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, address to the vehicle manufacturer.			
Signature of Owner _____		Date <u>7/15/01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 3GNFK16R1XG131869		Vehicle Make CHEVROLET TRU	
		Vehicle Model SUBURBAN	
		Vehicle Year 1999	
		Current Odometer Reading 31,792	
Purchase Date _____		Dealer's Name <u>Spartan Chevrolet</u>	
☒ New ☐ Used		Engine Size (CID/CCL) <u>5.4?</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
City <u>Evansville</u> State <u>IN</u> Zip Code <u>47802</u>		No Cylinders _____	
Transmission Type ☐ Manual ☒ Automatic		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	
Antilock Brakes ☒ Yes ☐ No		Cruise Control ☒ Yes ☐ No	
		Drive Train ☐ Front ☐ Rear ☒ 4-Wheel	
		Vehicle Type ☐ Car ☒ Sport Ut ☐ Truck ☐ Motorcycle ☐ Van ☐ Minivan ☐ Other	
		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03224000		Part Name(s) BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER	
		Location ☐ Left ☐ Right ☐ Front ☐ Rear	
		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures 0		Date(s) of Failure(s) <u>DA</u> Mileage at Failure(s) <u>27777</u> Vehicle Speed at Failure(s) <u>0</u>	
		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)			
BRAKE BOOSTER HAD A VACCUM LEAK AND FAILED, CAUSING A TOTAL LOSS OF BRAKES. CONSUMER CAN HEAR PART FAILING AGAIN *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 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.			