



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 1039

Date Received

28-JUN-2001

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

Reference No.

891558

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 windshield or driver's side)</small>	Vehicle Make CHEVROLET TRUCK	Vehicle Model PICKUP	Vehicle Year 1997	Current Odometer Reading		
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 type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 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 03350000	Part Name(s) BRAKES: AIR: ANTILOCK 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) 27-JUN-2001 Mileage at Failure(s) 90	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	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)

WHILE DRIVING 35 MPH ON DRY SUNNY DAY UPON APPLYING THE BRAKES THE BRAKES FAILED TO RESPOND, BRAKES FAILED WITHOUT NO PRIOR WARNING. CONSUMER ALSO STATED BRAKE PEDAL WENT TO FLOOR AND REAR-ENDED ANOTHER VEHICLE. FRONTAL DAMAGE TO VEHICLE. HAVE NOT CONTACTED DEALER PLEASE PROVIDE VIN#

CONTINUED 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.

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.

CONTINUE ON BACK IF NEEDED

(over) lot failure

WHILE DRIVING 35 MPH ON DRY SUNNY DAY AND UPON APPLYING BRAKES BRAKES FAILED TO RESPOND, BRAKES FAILED WITHOUT PRIOR WARNING. ALSO, BRAKE PEDAL WENT TO FLOOR, AND REAR-ENDED ANOTHER VEHICLE. FRONTAL DAMAGE TO VEHICLE. HAVE NOT CONTACTED DEALER. PLEASE PROVIDE VIN. *AK

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

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities	Estimated Property Damage \$4700.00 and \$000.00	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures 2	Date(s) of Failure(s) 30 JUN 2001	Mileage at Failure(s) 90	Vehicle Speed at Failure(s) 35 TO 20 mph	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03260000	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"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorized <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/>	Chruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel <input type="checkbox"/>	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/>	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other Van <input type="checkbox"/>
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Purchase Date	Dealers Name <u>FAGAN CHEVROLET</u>	City <u>INDEPENDENCE</u> State <u>WIS</u> Zip Code	Engine Size <u>350</u> CID/CC	Fuel Injection <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/>
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Vehicle Ident. No. (VIN) <u>16BHC34R5VF018178</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>PICKUP 1 TON</u>	Vehicle Year <u>1997</u>	Current Odometer Reading <u>100,000+</u>
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VEHICLE INFORMATION

Do you authorize [redacted] in the absence of [redacted] Signature of Owner [redacted] Date 7/10/01

Work Num [redacted] Home Num [redacted]

Reference No. 891558

DATE RECEIVED 26-JUN-2001 TIME 3:05

FOR AGENCY USE ONLY 1039

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

OFFICE OF TRAFFIC SAFETY INVESTIGATION

U.S. Department of Transportation

National Highway Traffic Safety Administration

