



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** §20

Date Received

16-JUL-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

892842

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> |                                                                        | Vehicle Make                                                                                                                                                                                                 | Vehicle Model                                                          | Vehicle Year                                                                                                                                 | Current Odometer Reading                                                                                                                                                                                                                        |
| 1GNEC16R0XJ346733                                                                                |                                                                        | CHEVROLET TRUCK                                                                                                                                                                                              | SUBURBAN                                                               | 1999                                                                                                                                         |                                                                                                                                                                                                                                                 |
| Purchase Date                                                                                    | Dealer's Name _____                                                    |                                                                                                                                                                                                              | Engine Size<br>(CID/CC/L _____)                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |                                                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                            | City _____ State _____ Zip Code _____                                  |                                                                                                                                                                                                              | No Cylinders _____                                                     |                                                                                                                                              |                                                                                                                                                                                                                                                 |
| Transmission Type                                                                                | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                             | Cruise Control                                                         | Drive Train                                                                                                                                  | Vehicle Type                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                            | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                          | <input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ |
|                                                                                                  |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | Body Style                                                                                                                                                                                                                                      |
|                                                                                                  |                                                                        |                                                                                                                                                                                                              |                                                                        |                                                                                                                                              | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____                                        |

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

|                       |                                                                   |                                                                                                                                          |                                                                                             |
|-----------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>08320100 | Part Name(s)<br>ELECTRICAL SYSTEM:INSTRUMENT PANEL:CLUSTER MODULE | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s) 18-SEP-1999<br>Mileage at Failure(s) 35000  | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>C | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|--------------------------|-------------------------------------------------------------------------------------------|

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

**INSTRUMENTS ON THE DASH BOARD HAVE FAILED TO WORK PROPERLY. DEALERSHIP EXAMINED VEHICLE, AND COULD NOT REMEDY PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*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.



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

DOT Auto Safety Hotline

## Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4235

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Date Received

16 JUL 2001

 Od\_or  
rt\_dt  
od\_rt  
ap\_ltr

Reference No.

892842

OWNER INFORMATION (Type or Print)

702754

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 authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date / /

## VEHICLE INFORMATION

|                                                                                                                                                          |                                                                        |                                                                                                                                                                                                                                                      |                        |                                                                                                                         |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Vehicle Ident. No. (VIN) (located at bottom of windshield or driver's side)                                                                              |                                                                        | Vehicle Make                                                                                                                                                                                                                                         | Vehicle Model          | Vehicle Year                                                                                                            | Current Odometer Reading                                                                                       |
| 1GNEC16R0XJ346733                                                                                                                                        |                                                                        | CHEVROLET TRU                                                                                                                                                                                                                                        | SUBURBAN               | 1999                                                                                                                    | 35,954                                                                                                         |
| Purchase Date                                                                                                                                            | Dealer's Name                                                          |                                                                                                                                                                                                                                                      | Engine Size (CID/CC)   | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Fuel Injection |                                                                                                                |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                    | City <u>Tempe</u> State <u>Fl</u> Zip Code                             |                                                                                                                                                                                                                                                      | No. Cylinders <u>8</u> |                                                                                                                         |                                                                                                                |
| Transmission Type                                                                                                                                        | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                                                     |                        | Cruise Control                                                                                                          | Drive Train                                                                                                    |
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                         | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag |                        | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                  | <input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel |
| Vehicle Type                                                                                                                                             |                                                                        | Body Style                                                                                                                                                                                                                                           |                        |                                                                                                                         |                                                                                                                |
| <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input checked="" type="checkbox"/> Other <u>SAV</u> |                                                                        | <input type="checkbox"/> Sport UT<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other                                                    |                        |                                                                                                                         |                                                                                                                |

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

|                       |                                                                                                             |                                                                                                                                                                      |                                                                                                     |                                                                                                                 |
|-----------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Component<br>08320100 | Part Name(s)<br>ELECTRICAL SYSTEM: INSTRUMENT PANEL: CLUSTER MODULE<br>IMPROPER TIRES TOO SMALL FOR VEHICLE | Location<br><input checked="" type="checkbox"/> Left<br><input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear | Failed Part(s)<br>Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Original<br>Replacement<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br>7  | Date(s) of Failure(s)<br>18-SEP-1999<br>Mileage at Failure(s)<br>35000<br>Vehicle Speed at Failure(s)       | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

INSTRUMENTS ON THE DASH BOARD HAVE FAILED TO WORK PROPERLY. DEALERSHIP EXAMINED VEHICLE AND COULD NOT REMEDY PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK

ALSO THE TIRES ON VEHICLE WHEN PURCHASED WERE TOO SMALL FOR SUBURBAN- AUTOWAY CHANGED ORIGINAL TIRES PRIOR TO PURCHASE W/ LIGHT WEIGHT TIRES UNDER RATED

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority to enforce 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.

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

0 0 7 P J M I D E K R 2 6 8

MANUFACTURER/TIRE NAME

KELLY SPRING FIELD

SIZE

235/70 R15

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

The above tires were the tires on vehicle when purchased  
Owner manual & side door say should be 255/70 R15  
PER ALLIED TIRES MANUAL SAYS THEY COULD NOT REPLACE  
AFTER DISCOVERING WEAR DUE TO WRONG TIRES -  
PROOF - IS THE ORIGINAL SPARE TIRE WAS PROPER SIZE  
AS WELL AS MICHELIN, WHICH SHOWS DEALER SWITCHED  
ORIG. TIRES PRIOR TO PURCHASE - ALLIED PROVIDED DOCUMENTED  
RECORDS FOR PROOF IF NEEDED - ALSO PROOF KEPT OF OLD TIRES  
DOT # 119 (49 C.F.R. 571.119) states - No motor vehicle shall be  
operated with tires that carry a weight greater than that  
marked on the side wall of the tire - Federal Motor Vehicle Safety Standard  
Autoway remains uncooperative to resolving issues.

☆ U.S. G.P.O.: 1992 - 623-887 / 80086

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

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

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