



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.

892870

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
1GNEL19W9SB213523	CHEVROLET TRUCK	ASTRO	1995	
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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 ☐ Sport Util ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02190000	Part Name(s) SUSPENSION:INDEPENDENT FRONT TORSION BAR	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Date(s) of Failure(s) 09-JUL-2001 118000 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)

RIGHT FRONT TORSION BAR CRACKED , CAUSING FRONT END TO COLLAPSE. A PRIVATE MECHANIC HAS EXAMINED VEHICLE , AND DETERMINED THAT BOTH FRONT TORSION BARS NEEDED TO BE REPLACED. ALSO, TORSION BAR I HAS BEEN REDUCED FROM 41" TO 34". PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

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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 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920	
OWNER INFORMATION (Type or Print)		Date Received <u>16-JUL-2001</u>		Od or rt dr ed rt up tr	
		OFFICE DEFECTS INVESTIGATION		Reference No. 852870	
[Redacted] 702792		Work Number		Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.					
Signature of Owner [Redacted]		Date <u>8/7/01</u>			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNEL19W9SB213523		Vehicle Make CHEVROLET TRU		Vehicle Model ASTRO	
		Vehicle Year 1995		Current Odometer Reading 116980	
Purchase Date May 96 or 97		Dealer's Name Rydell Chevrolet		Engine Size (CID/CCIL) No Cylinders <u>6</u>	
☐ New ☒ Used		City <u>Wentzler</u> , State <u>Tx</u> , Zip Code		☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection	
Transmission Type ☒ Manual ☐ Automatic		Antilock Brakes ☒ Yes ☐ No		Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	
		Cruise Control ☒ Yes ☐ No		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	
		Vehicle Type ☐ Car ☒ Van ☐ Mini van ☐ Other		Body Style ☐ Sport Ult ☐ Truck ☐ Motorcycle ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other <u>VAN</u>	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 02190000		Part Name(s) SUSPENSION: INDEPENDENT FRONT TORSION BAR		Location ☐ Left ☒ Front ☐ Right ☐ Rear	
				Failed Part(s) ☒ Original ☐ Replacement	
No of Failures 1		Date(s) of Failure(s) 09-JUL-2001 Mileage at Failure(s) 118000 Vehicle Speed at Failure(s) <u>Parked</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 \$700 ⁰⁰	
				Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
RIGHT FRONT TORSION BAR CRACKED, CAUSING FRONT END TO COLLAPSE. A PRIVATE MECHANIC HAS EXAMINED VEHICLE, AND DETERMINED THAT BOTH FRONT TORSION BARS NEEDED TO BE REPLACED. ALSO, TORSION BAR I HAS BEEN REDUCED FROM 41" TO 34". PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK Work sheet and mechanic's comments with cost to replace bars is enclosed. Pictures also included					
CONTINUE ON BACK IF NEEDED					
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PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

(Page 1 through Page 3)



