



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

29-AUG-2001

Od. or

rt_dt

pd_rt

rp_lr

Reference No.

895446

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNEL19W6WB120027	CHEVROLET TRUCK	ASTRO	1998			
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 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 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 01530000	Part Name(s) STEERING:LINKAGES:ARM:IDLER AND ATTACHMENT	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) 15-AUG-2001 66 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING IDLER ARM, PART OF LINKAGE TO STEERING MECHANISM, SEPARATED FROM ONE ANOTHER. THIS CAUSED CONSUMER TO LOSE CONTROL OF VEHICLE. CONTACTED DEALER. *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 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1039	
OWNER INFORMATION (Type or Print)				Date Received 01 SEP 20 2001 24-AUG-2001 OFFICE DEFECTS INVESTIGATION	Od or rt dt od_ft up_ltr
				Reference No. 895446	
[Redacted]				711957	Work Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				YES	NO
Signature of Owner				Date / /	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Location of position indicated on back of form)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEL19W6WB120027		CHEVROLET TRU	ASTRO	1998	66,131
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo Diesel <input checked="" type="checkbox"/> Gas Fuel Injectio	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	LES STANFORD CHEVROLET		4.3		
City		State	Zip Code	No Cylinders	
DEARBORN		MI	48123	6	
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input checked="" type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type		Body Style			
<input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		<input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
01530000	STEERING:LINKAGE'S ARM:IDLER AND ATTACHMENT		<input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s)		Failed Part(s)		NHTSA Previously
	15-AUG-2001		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No POOR DESIGN		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mileage at Failure(s)		Vehicle Speed at Failure(s)			
56		60 MPH			
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE DRIVING IDLER APM, PART OF LINKAGE TO STEERING MECHANISM, SEPARATED FROM ONE ANOTHER. THIS CAUSED CONSUMER TO LOSE CONTROL OF VEHICLE. CONTACTED DEALER. *AK					
CONTINUE ON BACK IF NEEDED					
The Privacy Act of 1974 (Public Law 93-502) 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.					

