



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 758

Date Received

30-OCT-2001

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

898458

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 door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX03E4VD179638		CHEVROLET TRUCK	VENTURE	1997	
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 Util ☐ Truck ☐ Motorcycle ☐ Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01400000	Part Name(s) STEERING:GEAR:RACK AND PINION	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 08-OCT-2001	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ No
	Mileage at Failure(s) 55700		
	Vehicle Speed at Failure(s)		

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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING 5 MPH STEERING WENT OUT. DEALER DETERMINED THAT RACK AND PINION NEEDED TO BE REPLACED.*AK

COPIES OF REPORTS ARE KEPT

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

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

FOR AGENCY USE ONLY 75b

DATE RECEIVED 10-OCT-2001

REFERENCE NO. 898468

WORK NUMBER 723843

HOME NUMBER

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
YES ☒ NO ☐

Signature of Owner

Vehicle Identification No (VIN) (located at bottom of windshield on driver's side)
1GNDX03E4VD179838

Vehicle Make CHEVROLET TRU

Vehicle Model VENTURE

Vehicle Year 1997

Current Odometer Reading 58,000

Purchase Date

Dealer's Name Prestige Chevrolet

City Flying State MI Zip Code 48433

Engine Size (CID/CCL) 3.1

Fuel Type Gas

Transmission Type Automatic

Manual ☐ Automatic ☒

3-Point Belt ☒ 2-Point Belt ☐ Motorcyclist ☐

Driver's Side Airbag ☒ Passenger Side Airbag ☒

Drive Type Front ☒ Rear ☐ 4-Wheel ☐

Vehicle Type Car ☒ Van ☐ Minivan ☐ Other ☐

Body Style 2-Door ☐ 4-Door ☒ Station Wagon ☐ Pick Up ☐ Truck ☐

Component 01400000

Part Name(s) STEERING, GEAR, RACK AND PINION

Location Front ☒ Left ☐ Right ☐ Rear ☐

Original ☒ Replacement ☐

No of Failures 1

Date(s) of Failure(s) 08-OCT-2001

Mileage at Failure(s) 55100

Vehicle Speed at Failure(s)

Failed (Part(s))

Previously Failed ☐ 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 1500.00

Reported to Police ☐ Yes ☒ No ☐

Narrative Description of Failure(s), Incident(s), Injury(ies)
WHILE DRIVING 5 MPH STEERING WENT OUT. DEALER DETERMINED THAT RACK AND PINION NEEDED TO BE REPLACED. OK

The Privacy Act of 1974 (Public Law 93-578) This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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.

COL. BLUE OR BLACK INK NEEDED