



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393

DC METRO AREA (202) 366-0123

INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.

CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received

6-16-00

Reference No.

Officer \_\_\_\_\_  
Agent \_\_\_\_\_  
Inspector \_\_\_\_\_  
Supervisor \_\_\_\_\_

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)				VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
2GCEC19K8R1317409				CHEV	PK		1994
VEHICLE MANUFACTURER							
<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daimler/Chrysler <input type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW							
PURCHASE DATE	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME		CITY	STATE	ZIP CODE	
Sept 1994		ALLISON'S		COLUMBETL	TX	75938	
ENGINE SIZE (C/D/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES	RESTRAINT SYSTEM	CRUISE CONTROL	
	<input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	<input type="radio"/> Diesel <input checked="" type="radio"/> Gas	<input type="radio"/> Manual <input checked="" type="radio"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> 3-Point Belt	<input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> No	
DRIVETRAIN		VEHICLE TYPE			DOORS	BODY STYLE	
<input type="radio"/> Front <input checked="" type="radio"/> Rear		<input type="radio"/> Car <input type="radio"/> Van <input type="radio"/> Minivan <input type="radio"/> Sport Utility <input checked="" type="radio"/> Truck <input type="radio"/> Motorcycle <input type="radio"/> Other			<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	<input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Stationwagon	

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Visual Systems <input type="checkbox"/> Other <u>WINDSHIELD WIPERS</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	INCIDENT DATE	TIRE NAME	COMPLETE TIRE SIZE
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	JAN 99 + OTHERS		
	MILEAGE AT INCIDENT	VEHICLE SPEED AT INCIDENT	TIRE BRAND	
60,000 + -	70	<input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other		
FAILED PART(S)	FAILED PART(S) AVAILABLE	NHTSA PREVIOUSLY CONTACTED?		
<input checked="" type="radio"/> Original <input type="radio"/> Replacement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(es) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fr./Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input checked="" type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	<input type="checkbox"/> Emission/Fire <input type="checkbox"/> Loss of Control <input checked="" type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> No Power <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



01086

500011 06/21/00

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

DRIVING DOWN HWY AT  
NORMAL OPEN HWY  
SPEED AND CAME UPON  
RAIN AND THE WINDSHIELD  
WIPERS WOULD NOT  
COME ON, TURNED THAN  
OFF & ON SEVERAL  
TIMES AND FINALLY  
CAME ON. THIS HAS  
HAPPENED SEVERAL TIMES.

Continue on additional page if necessary.

**Describe any additional incidents. (Include date and mileage)**  
The Privacy Act of 1974—Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration. 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.

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NHTSA Form 350 (Rev. 8/99)



# VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

## DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR  
**DASH 2 DOT**

and dial toll free at

# 1-888-DASH-2-DOT

**1-888-327-4236**

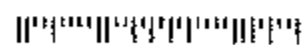
DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

Complete and return or place in your car manual for future use



U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

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