



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

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

6-20-00

Order

rt-dl

ed it

unit

**OWNER INFORMATION (Type or Print)****VEHICLE INFORMATION**

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)	VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1G1BL52W2SR181138	CHEVROLET	CAPRICE	1995	1995
VEHICLE MANUFACTURER				<input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
<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"/> Daihatsu/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE	DEALER'S NAME	CITY	STATE	ZIP CODE
<input checked="" type="radio"/> New <input type="radio"/> Used	Bob Barrows	Winthrop	ME	04364
ENGINE SIZE (CID/CC/L)	FUEL SYSTEM	FUEL TYPE	TRANSMISSION TYPE	ANTILOCK BRAKES
	<input checked="" 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="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS				RESTRAINT SYSTEM
8				<input checked="" type="radio"/> Driver Side Airbag <input type="radio"/> 2 Point Belt <input checked="" type="radio"/> Passenger Side Airbag <input type="radio"/> Motor Belt <input checked="" type="radio"/> 3-Point Belt
				CRUISE CONTROL
				<input checked="" type="radio"/> Yes <input type="radio"/> No
DRIVETRAIN	VEHICLE TYPE	DOORS	BODY STYLE	
<input checked="" type="radio"/> Front <input type="radio"/> Rear	<input checked="" type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle	<input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	<input type="radio"/> Hardtop <input type="radio"/> Pick Up Truck <input checked="" type="radio"/> Sedan <input type="radio"/> Stationwagon	

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

COMPONENT	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="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input checked="" type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input checked="" type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
INCIDENT DATE	MILEAGE AT INCIDENT	TIRE NAME	COMPLETE TIRE SIZE
1st JUNE 98	11,000		
VEHICLE SPEED AT INCIDENT	FAILED PART(S)	NHTSA PREVIOUSLY CONTACTED?	
43-48	<input checked="" type="radio"/> Original <input type="radio"/> Replacement	<input type="radio"/> Yes <input type="radio"/> No	
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?		
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No		

**APPLICABLE INCIDENT INFORMATION**

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) 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 type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/> Wheel/Component/Rust <input type="radio"/> Weak/Poor Ft./Loose <input type="radio"/> Cut/Torn <input type="radio"/> Disconnect/Fall Off <input checked="" type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort	<input type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stale <input type="radio"/> Sudden Acceleration
	FIRE	NUMBER OF FATALITIES	<input type="radio"/> Noise <input type="radio"/> Leaks <input type="radio"/> Spill <input checked="" type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Vibration <input type="radio"/> Broken	
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



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

Significant vibration while on  
highway at 1100 miles. Vibration  
a real distraction requiring  
feet change, hand change  
of speed, or stop to get  
rid of it. Car has been  
back to the dealer more  
than twenty times. They have  
called to diagnose the cause  
& now claim that they have  
no idea what is causing  
it. The dealer has  
suggested an air can which  
they need as of course you  
deserted for more than 2  
years. They now say they  
cannot offer it to it. It is  
now my problem. The car  
is at the moment in the  
hands of a non-qualified  
person. It will be the  
cause of a bad job in  
the next several weeks.  
You should have a full summary

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 responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA, in cooperation with the manufacturer and/or other agencies, determines that a manufacturer, or a manufacturer's representative, may be used in support of the agency's action.

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HS Form 350 (Rev. 8/89)

# 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

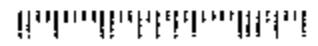
**1-888-DASH-2-DOT**  
1-888-327-4236  
DOT Auto Safety Hotline  
(DASH) 2 DOT



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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