Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation

National Highway Traffic Safety Administration

POSTED

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire

TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received
RECEIVED
JUN 13 AM 8:20
OFFICE DEFECTS INVESTIGATI

COPIED

561563

OWNER INFORMATION (Type or Print)

Name: [redacted]
Street: [redacted]
City: [redacted]
Daytime Telephone Number: [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 6/5/01

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) *(Located at bottom of windshield on driver's side)*	Make	Model	Year
1GNDM152SKB191450	CHEV.	ASTAST	1989

Purchased Date: 5-00 ☐ New ☒ Used

Dealer's Name:
Dealer's City:
State:
Zip Code:

Engine Size (CID/CC/L): ___ ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
No. Cylinders: 6

Manufacture Date (on driver's door or pillar): 02-89

Transmission Type: ☐ Manual ☒ Automatic

Restraint System: ☐ Driverside Air Bag ☐ Motorbelt ☐ Passengerside Air Bag ☒ 2-Point Belt ☒ 3-Point Belt

Cruise Control: ☒ Yes ☐ No

Drivetrain: ☐ Front ☒ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☒ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other MINI VAN

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): every Seat Belt doesn't work

Location: ☒ Left ☒ Right ☒ Front ☒ Rear

Failed Part(s): ☒ Original ☐ Replacement

Handicap Adaptive Equip: ☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand:
Tire Name:
Complete Tire Size:
No. of Failures:
Date(s) of Failure(s):
Mileage at Failure(s):
Vehicle Speed at Failure(s):
Failed Part(s) Available? ☐ Yes ☐ No
NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882