Form Approved: O.M.B. No. 2127-0003

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 258

Date Received: 02-MAR-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 719579

[redacted]

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) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX03E2VD225161	CHEVROLET TRUI	VENTURE	1997	

Purchase Date: 01-AUG-1997 ☒ New ☐ Used

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

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
13520000	STRUCTURE:TAILGATE ASSEMBLY:HINGE AND ATTACHMENTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement
12360000	INTERIOR SYSTEMS:SEATS		
12450001	INTERIOR SYSTEMS:LIGHTER:CIGARETTE		

No of Failures: 3

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

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
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

#1. IT IS VERY HEAVY TO PUSH UP THE TAILGATE WITHOUT THE USE OF THE HYDRAULICS. IT GOES UP EASILY ONLY PART OF THE WAY. #2. MY SEAT AND POCKET SHOULD NOT BE RIPPING AS EASILY AS THEY HAVE. I DO NOT HAVE LITTLE KIDS TUGGING AT THEM. #3. THE CIGARETTE LIGHTER DOES NOT WORK . IT HAS BEEN ALLEGEDLY FIXED SEVERAL TIMES. #4. THE INTERIOR SIDE DOOR PANELS ARE HARD PLASTIC AND THEY ARE ATTACHED BY VELCRO. THEY DON'T ALWAYS STICK TO THE VELCRO AND COME LOOSE. ONE HAS ALREADY BROKEN AND REPLACED. THEY ARE STILL LOOSE. #5. THE FRONT SEATBELTS DON'T RETRACT ALL THE WAY ON THEIR OWN AND THE FRONT PASSENGER'S SEATBELT TWISTS ON A REGULAR BASIS. #6. THE RANGE OF DISTANCE ON THE REMOTE KEYLESS ENTRY IS BEING BASICALLY ON TOP OF THE VEHICLE. I HAVE HAD NOTHING BUT PROBLEMS WITH THIS

CONTINUED ON BACK PANEL