

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258 Date Received 07-MAY-2000	
		Od_or _____ Rt_dt _____ od_rt _____ up_ltr _____ Reference No. 722360	
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 front of windshield or driver's side) 1GNDU06L2NT100251		Vehicle Make CHEVROLET TRU	Vehicle Model LUMINA APV
		Vehicle Year 1992	Current Odometer Reading
Purchase Date 01-DEC-1993	Dealer's Name _____		Engine Size _____
☐ New ☒ Used	City _____ State _____ Zip Code _____		(CID/CC/L _____) ☐ Turbo ☐ Diesel ☐ Gas No. Cylinders _____ ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☒ Yes ☐ No
		Drive Train ☒ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other
			Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS		Location ☐ Left ☐ Front ☐ Right ☐ Rear
		Failed Part(s) ☐ Original ☐ Replacement	
No. of Failures 1	Date(s) of Failure(s) 06-MAY-2000 Mileage at Failure(s) 100000 Vehicle Speed at Failure(s) 0		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 ☐ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
I GOT IN AND ATTEMPTED TO PUT RIGHT FRONT SEAT BELT ON. IT WOULD NOT "REWIND" AND WILL NOT COME OUT OF FULLY EXTENDEND POSITION. UNABLE TO USE THIS SEAT IN VEHICLE NOW DUE TO EXTREME SAFETY RISK. *AK			
CONTINUE ON BACK IF NEEDED			
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.			