



**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

| | |
|---|--------------|
| Data Received 08-MAY-2000 | Od_or _____ |
| | rt_dt _____ |
| | od_rt _____ |
| | up_ltr _____ |
| Reference No. 722423 | |

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) <small>(Listed at front of windshield or drivers side)</small> 1GCCS14X3X8149535 | Vehicle Make CHEVROLET TRU | Vehicle Model S10 | Vehicle Year 1999 | Current Odometer Reading |
|---|--------------------------------------|-----------------------------|-----------------------------|--------------------------|

| | | | |
|---|---------------------------------------|------------------------------|--|
| Purchase Date 01-SEP-1999 | Dealer's Name _____ | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____ | |

| | | | | | | |
|--|---|--|--|---|---|--|
| Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle | Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____ |
|--|---|--|--|---|---|--|

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|------------------------------|--|--|---|
| Component 12250000 | Par. Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES | Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement |
|------------------------------|--|--|---|

| | | | |
|-----------------|---|---|---|
| No. of Failures | Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____ | Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|---------------------------|----------------------|---------------------------|---|

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

BOTH SEAT BELTS HANG ON SEAT REAR LATCHES ON DRIVER AND PASSAGNER SIDE WHEN DOOR IS CLOSED AND YOU BUCKLE YOUR SEAT BELT. YOU DO NOT REALIZE THAT THEY ARE NOT PROPERLY BUCKLED UNTIL YOU OPEN A DOOR AND THE BELT SLIDES OVER THE LATCH TO THE REAR OF THE SEAT. THERE IS NOT ENOUGH CLEARANCE BETWEEN THE DOOR AND THE SEAT WHEN THE DOOR IS CLOSED. THE BELT WILL HANG ON THE LATCH WHICH ALLOWS TOO MUCH SLACK IN THE BELT. IF THE DOOR IS OPEN IT WILL NOT HANG. THIS COULD CAUSE SEVERE INJURY BECAUSE THE LAP SECTION OF THE BELT IS NOT TIGHT

CONTINUED ON BACK PLEASE

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.