Form Approved: O.M.B. No. 2127-0042

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: 29-SEP-2000

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

Reference No. 732798

[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
1GCEC19RXTE198078	CHEVROLET TRUI	PICKUP	1996	

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

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L 350 ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

No Cylinders _____

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
2	29-JAN-2000	60000	45	☐ Yes ☐ No	☐ 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	2	0		☒ Yes ☐ No

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

ON 1/29/00 MY HUSBAND (MICHAEL FISHER) WHILE DRIVING HOME FROM WORK HIT A SLICK PATCH OF ICE ON THE HIGHWAY WHICH CAUSED HIS TRUCK TO FISHTAIL AND GO OFF THE ROAD DOWN AN ENBANKMENT HEAD ON INTO A TELEPHONE POLE AT APPROXIMATELY 45-50 MPH. AIRBAGS DID NOT DEPLOY. SHOUDER HARNESS DID KEEP HIS LEFT SIDE PROTECTED YET HIS RIGHT SHOULDER WAS ALLOWED TO SLAM FORWARD AND CAUSED HIS SPINE TO TWIST....HE WILL HAVE TO DEAL WITH THIS FOREVER. HE DID SEEK MEDICAL TREATMENT AND MISSED ABOUT 4 WEEKS OF WORK. OUR INSURANCE COMPANY FIXED THE TRUCK AND WE WERE ASSURED THAT THE AIRBAGS WERE FAULTY BY THE GMC AUTHORIZED DEALERSHIP THAT REPAIRED THE TRUCK AND THAT THAT HAD REPAIRED AND TESTED THEM AND THEY WOULD NOT FAIL AGAIN. THEN ON 8/30/00 A LITTLE OLD MAN RAN A STOI

CONTINUED ON BACK PANEL