Form Approved: O.M.B. No. 2127-0039

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: 09-OCT-2000

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

Reference No.: 733813

[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 |
|---|---|---|---|---|
| 1GBFG15R8Y1234724 | CHEVROLET TRUI | EXPRESS | 2000 | |

Purchase Date: ☒ New ☐ Used

Dealer's Name _____

City _____ State _____ Zip Code _____

Engine Size (CID/CC/L) 5700

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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt | ☒ Yes ☐ No | ☐ Front ☒ Rear ☐ 4-Wheel | ☐ Car ☐ Sport Ult ☒ 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) |
|---|---|---|---|
| 12200000 | INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND B | ☐ 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? |
|---|---|---|---|
| | 24-MAY-2000 / 10 / 10 | ☐ 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 | | | | ☐ Yes ☒ No |

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

**THE REAR SHOULDER BELTS CROSS THE SEATED ADULT OCCUPANT ON HIS/HER NECK. ON A CHILD, THE BELT CROSSES THE CHILD'S HEAD. IN A CRASH, THE BELTS WOULD BE HAZARDOUS AND CAUSE INJURY. THE BELT MOUNTING POINT IS AT THE INTERSECTION OF THE WALL AND THE CEILING OF THE VAN AND IS 50 INCHES ABOVE FLOOR ON THE REAR SEATS. CHEVY'S FRONT SEATBELTS ARE 39 INCHES ABOVE THE FLOOR AND THEY CROSS THE OCCUPANT'S SHOULDER. CHEVY HAS REC'D OUR LETTER ,REFERENCE # C00710720 AND THEY REPORT THEY CANNOT CHANGE THE ANCHOR POINT. THIS VAN HAS BEEN UPFITTED BY TRAIL WAGONS INC. OF YAKIMA, WA ,1 800 552 8886. WE RECOMMEND THE SHOULDER MOUNTING POINT FOR THE THREE REAR SEATS BE RELOCATED AT EYE LEVEL OF THE SEATED OCCUPANT (SEE WWW.ANDOAUTO.COM/INSTRUCTION4.HTM). THANK YOU.**

CONTINUED ON BACK IF NEEDED