Form Approved: OMB No. 2127-0042

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258

Date Received: 14-AUG-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 750438

[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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GNDX06E1VD127041	CHEVROLET TRUC	VENTURE	1997	

Purchase Dat			
01-JAN-1997 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☒ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ 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	Part Name(s	Location	Failed Part(s
11000000	HEATER:DEFROSTER:DEFOGGER AND VENTILATION	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s) 01-FEB-1997 Mileage at Failure(s)_____	Failed Part(s)	NHTSA Previously
		☐ 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 Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

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

AFTEER OWNING THIS VEHICLE FOR BARELY A MONTH, WE BEGAN NOTICING A STENCH THAT NEAREST I COULD DESCRIBE IT WOULD BE THAT OF A DEAD MOUSE. HOWEVER, THE SMELL ONLY NOTICABLE IF YOU DID NOT HAVE THE AIR CONDITIONER ON. TO RUN THE HEATER, WE WOULD PUT IT ON AC AND THEN TURN THE HEAT UP TO AVOID THE SMELL. WHEN WE REPORTED THIS TO THE DEALER, WE WERE INFORMED IT WAS BECAUSE WE SMOKED IN THE VEHICLE. HOWVER, WE HAVE SMOKED FOR YEARS AND THERE IS A VERY DISTINCT STALE ODOUR FROM CIGARETTES WHICH IS IN NO WAY SIMILAR TO THE SMELL WE NOTICED. NOW WE ONLY REALLY NOTICE THIS SMELL AFTER WE HAVE THE CAR SERVICED.*AK

CONTINUE OTHER SIDE IF NEEDED