



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

04-JAN-2002

Ord. or  
rt. dt  
pd. rt  
rp. ltr

Reference No.

756409

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make    | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GNDX13E41D148437  | CHEVROLET TRUCK | VENTURE       | 2001         |                          |

|   |                                       |                                 |  |
|---|---------------------------------------|---------------------------------|--|
| Purchase Date<br>01-MAY-2001  | Dealer's Name _____                   | Engine Size<br>(CID/CC/L 3.4 LT | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____              |  |

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

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                                   |  |  |  |
|-----------------------------------|--|--|--|
| Component<br>12363000<br>15130000 | Part Name(s)<br>INTERIOR SYSTEMS:BUCKET<br>EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------------------|--|--|--|

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

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

1. THE AUTOMATIC POWER DOOR HAS NO SENSOR. IF YOU ARE STANDING IN ITS WAY WHEN THE DOOR IS CLOSING, IT WILL CLOSE ON YOU BEFORE IT RETRACTS. IF MY CHILD WOULD GET CAUGHT IN THE DOOR, IT COULD DO SUBSTANTIAL HARM. 2. THERE ARE 2 BUCKET SEATS IN THE BACK OF THIS MINIVAN. THEY ARE SPACED 4.7 INCHES APART. MY SON WHO IS 2 YEARS OLD (35LBS AND 38") WAS INSIDE THE CAR AND REACHED BETWEEN THE SEATS TO RETRIEVE SOMETHING IN THE TRUNK AREA. HE BECAME WEDGED BETWEEN THE SEATS AND COULD NOT FREE HIMSELF. THANKFULLY, WE WERE ABLE TO LIFT HIM OUT BEFORE ANYTHING HAPPENED. IF THIS INCIDENT HAPPENED DURING THE SUMMER AND WE DID NOT NOTICE HE WAS IN THE CAR, HE COULD HAVE SUFFOCATED. 3. THE WAY TH

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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.