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 436

Date Received: 08-JAN-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8001762

[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
1GNDXO3EXYD204014	CHEVROLET TRUC	VENTURE	2000	

Purchase Dat: ☒ 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
15402000	EQUIPMENT:CHILD SEAT: INTEGRAL PART OF SEAT	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s) 20-DEC-2001 Mileage at Failure(s 20000 Vehicle Speed 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)

WHILE TRAVELING 30-40MPH VEHICLE WAS INVOLVED IN A CRASH. BUILT IN CHILD SAFETY SEAT'S CHEST CLIP OPENED UPON IMPACT. HAD CONTACTED MANUFACTURER OF CHILD SEAT AND DEALERSHIP.*AK

CONTINUED ON NEXT PAGE

Form Approved: O M B. No 2127-0008

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 436

Date Received
03-JAN-2002

Od_or
rt_dt
od rt
up_ltr

Reference No.
8001762

Work Number
Hom [redacted]

OWNER INFORMATION (Type or Print)

[redacted] 732439

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an au[redacted]dress to the vehicle manufacturer. ☒ YES ☐ NO

Signature of Owner [redacted] Date 1/23/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield or drivers side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
1GNDXO3EXYD204014	CHEVROLET TRU	VENTURE	2000	22,000

Purchase Date 7/00
☒ New ☐ Used

Dealer's Name Vail Chevrolet
City Harrison State NY Zip Code

Engine Siz (CID/CC/L
No Cylinders
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ 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 ☐ Min van ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
15402000	EQUIPMENT:CHILD SEAT: INTEGRAL PART OF SEAT	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacemen

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s)	NHTSA Previously
1	20-DEC-2001	20000	30 - 35 mph	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

☒ Yes ☐ No	☐ Yes ☒ No	2	0	10,000	☒ Yes ☐ No

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

WHILE TRAVELING 30-40MPH VEHICLE WAS INVOLVED IN A CRASH. BUILT IN CHILD SAFETY SEAT'S CHEST CLIP OPENED UPON IMPACT. HAD CONTACTED MANUFACTURER OF CHILD SEAT AND DEALERSHIP. AK

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

[redacted]

TIRE IDENTIFICATION NO.*

D O T	MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

My 20 month old son who weighs 26 lbs was in the child seat. The chest clip opened during the crash. He sustained burn marks on right side of his neck from front to back assumedly from the seat belt as his body moved in the crash.

Each time I place him in the seat I adjust the straps. I check the slack by sliding my fingers between the chest clip and his body. I am positive that the clip was latched when I placed him in the seat. Chevrolet took a report but has not returned my calls since.

☆ U.S. G.P.O.: 1982 – 623-857 / 60096

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
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Washington, DC 20590