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 1220

Date Received: 24-JAN-2002

Od_or
rt_dt
od_rt
np_ltr

Reference No.: 8002803

[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
1GNDX03E31D271091	CHEVROLET TRUC	VENTURE	2001	

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 ☒ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111200	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 7000	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s)		

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)

VEHICLE WAS INVOLVED IN A COLLISION IN WHICH DRIVER'S AIR BAG DID NOT DEPLOY. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUED ON REVERSE

Form Approved O.M.B. No. 2127-0004

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 1220

Date Received: RECEIVED 2002 MAR 11 PM 2:04 OFFICE OF DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_ltr

Reference No. 8002803

OWNER INFORMATION (Type or Print)

[redacted]

Work Number [redacted]
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of [redacted] dress to the vehicle manufacturer.
Signature of Ow[redacted] Date 2/25/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX03E31D271091	CHEVROLET TRU	VENTURE	2001	

Purchase Date: ☐ New ☒ Used
Dealer's Name Bill Heard Chevrolet City Buford State GA Zip Code 30518
Engine Size CID/CC/L ____ No Cylinders 6
☐ Turbo ☐ Diesel ☐ Gas ☑ Fuel Injection

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)
12111200	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT

Location: ☑ Left ☑ Front ☐ Right ☐ Rear
Failed Part(s): ☑ Original ☐ Replacement

No of Failures: 1
Date(s) of Failure(s) 1-4-2001
Mileage at Failure(s) 7000
Vehicle Speed at Failure(s) Aprox 35 mph
Failed Part(s): ☑ Yes ☐ No
NHTSA Previously: ☐ 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	1	$28,918	☑ Yes ☐ No

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

VEHICLE WAS INVOLVED IN A COLLISION IN WHICH DRIVER'S AIR BAG DID NOT DEPLOY. CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED