



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

29-JAN-2002

Od_or _____
rt_dt _____
od_rt _____
ip_lr _____

Reference No.

8003026

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNEK13R6X102450		CHEVROLET TRUCK	TAHOE	1999	
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☒ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 15-DEC-2001 Mileage at Failure(s) 77000 Vehicle Speed at Failure(s) _____	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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT SEAT BELTS WILL NOT RETRACT OUT FROM SPOOL MECHANISM. DEALER HAS BEEN NOTIFIED.
PLEASE PROVIDE MORE INFORMATION.*AK

COPIES OF THIS FORM ARE:

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.

 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 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 435 Date Received <u>27 JAN 2002</u> <u>29 JAN 2002</u> OFFICE INVESTIGATION Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. 8003026 Work Number _____ Home No. _____	
OWNER INFORMATION (Type or Print) [Redacted] 736256		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner [Redacted] ☒ YES ☐ NO Date <u>2-15-02</u>			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNEK13R6X102450		Vehicle Make CHEVROLET TRU		Vehicle Model TAHOE	
Vehicle Year 1999		Current Odometer Reading 77,600			
Purchase Date <u>6/1/00</u> ☐ New ☒ Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) _____ No Cylinders <u>8</u> ☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☒ Yes ☐ No		Restraint System ☐ 3-Point Belt ☒ Driverside Airbag ☐ Passengerside Airbag	
Cruise Control ☒ Yes ☐ No		Drive Train ☐ Front ☐ Rear ☒ 4-Wheel		Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 12130000		Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT: BELTS		Location ☐ Left ☒ Front ☐ Right ☐ Rear	
No of Failures 1		Date(s) of Failure(s) <u>15-DEC-2001</u> Mileage at Failure(s) <u>77000</u> Vehicle Speed at Failure(s) _____		Failed Part(s) ☒ Yes ☐ No	
Failed Part(s) ☒ Original ☐ Replacement		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 ☐ Yes ☐ No		Fire ☐ Yes ☐ No		Number of Persons Injured _____	
Number of Fatalities _____		Estimated Property Damage _____		Reported to Police ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
FRONT SEAT BELTS WILL NOT RETRACT OUT FROM SPOOL MECHANISM. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE MORE INFORMATION.*AK <i>PASSENGER SEAT BELT / SHOULDER STRAP DOES NOT PULL OUT OF FLOOR MOUNT</i>					
CONTINUE ON BACK IF NEEDED					
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.					