



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 1039

Date Received

31-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8003294

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 and/or driver's door frame)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDU03E0YD311422		CHEVROLET TRUCK	VENTURE	2000	
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 _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09000000	Part Name(s) LIGHTING AND COMMUNICATIONS SYSTEMS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 22-SEP-2001 Mileage at Failure(s) 27 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 Damage	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT NIGHT LIGHTS GO DIM. THIS HAPPENS INTERMITTENTLY. TOOK VEHICLE TO DEALER, AND DEALER INDICATED THAT MOTOR IN EXHAUST MANIFOLD BLEW OUT, CAUSING LIGHTS TO GO DIM.*AK

COPIES OF REPORTS ARE KEPT FOR:

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

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

1039

Date Received

31-JAN-2002

Od or
rt dt
od rt
up_jtr

Reference No.

8003294

Work Number

Home Number

OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
In the absence of a signature, name and address to the vehicle manufacturer.

YES NO

Date 2/13/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GNDU03E0YD311422
Vehicle Make CHEVROLET TRU
Vehicle Model VENTURE
Vehicle Year 2000
Current Odometer Reading 27007

Purchase Date

8/18/00

Dealer's Name DOMINION SHORT PUMP

Engine Siz
(CID/CC/L

☐ Turbo
☐ Diesel
☐ Gas
☒ Fuel Injectio

☒ New ☐ Used

City RICHMOND State VA Zip Code 23233

No Cylinders 6

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 ☐ Sport Utl ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09000000 Part Name(s) LIGHTING AND COMMUNICATIONS SYSTEMS Location ☐ Left ☐ Right ☐ Front ☐ Rear
Failed Part(s) ☐ Original ☐ Replacement
No of Failures ?? Date(s) of Failure(s) 21 SEP 2001 ANY TIME LIGHTS ON
Mileage at Failure(s) 100000 LT 10000
Vehicle Spec at Failure(s) N/A
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 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 ☐ Yes ☐ No

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

WHILE DRIVING AT NIGHT LIGHTS GO DIM. THIS HAPPENS INTERMITTENTLY. TOOK VEHICLE TO DEALER, AND DEALER INDICATED THAT MOTOR IN EXHAUST MANIFOLD ~~IS BROKEN~~ CAUSING LIGHTS TO GO DIM. *AK
TURNS ON

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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