



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

25-FEB-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8004518

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
1GBFG15WXY1220796		CHEVROLET TRUCK	EXPRESS	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 ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12250000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT BUCKLES	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ Mileage at Failure(s) 31000 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 SEAT BELT FEMALE PART IS TOO LONG AND PULLS UP WHEN IN USE. PLEASE PROVIDE ANY FURTHER 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.

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CONTINUE ON BACK IF NEEDED

WHILE DRIVING SEAT BELT FEMALE PART IS TOO LONG AND PULLS UP WHEN IN USE. PLEASE PROVIDE ANY FURTHER INFORMATION. **AK**
Seat belts in the rear (female end) is too long. It causes the lap part of belt to ride high in the stomach, and chest area of a mid. Even with my 6' 130 lb wife it rides to high in the stomach area. Would need to take place a shorter female belt. **AK**
Could bring the 3-pt belt down another grade of the person.

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

Crash	☐ Yes ☐ No
Fire	☐ Yes ☐ No
Number of Persons Injured	
Number of Fatalities	
Estimated Property Damage	
Reported to Police	☐ 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)

No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) ☐ Yes ☐ No	Previously Failed Part(s) ☐ Yes ☐ No
Component	Part Name(s)	Location ☐ Front ☐ Left ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	☒ Automatic ☐ Manual
Restraint System	☒ 3-Point Belt ☐ Driver's Side Airbag ☐ Passenger's Side Airbag
Ch. Use Control	☒ Yes ☐ No
Drive Train	☒ Front ☐ Rear ☐ 4-Wheel
Vehicle Type	☒ Car ☐ Van ☐ Minivan ☐ Other
Body Style	☒ Sport Ute ☐ Truck ☐ Motorcycle ☐ Station Wagon ☐ Pick Up ☐ Truck
Engine Size	4.3
Engine Type	☒ Turbo ☐ Diesel ☐ Gas ☐ Fuel Inject
City	Meriden
State	CT
Zip Code	06622

Purchase Date	2000
Dealer's Name	Superior Chevrolet
Vehicle Ident. No. (VIN)	1GBFG15WXY1220796
Vehicle Model	CHEVROLET TRUCK EXPRESS
Vehicle Year	2000
Current odometer Reading	31,000

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?	☒ YES ☐ NO
In the absence of your signature, provide your name and address to the vehicle manufacturer.	
Signature of Owner	

OWNER INFORMATION (Type or Print)	740524
Work Number	
Home Number	
Reference No.	8004518
DATA COLLECTION	
02 APR 21 2002	
25-FEB-2002	
OFFICE OF DEFECTS INVESTIGATION	
DOT Auto Safety Hotline	
NATIONWIDE 1-888-DASH-2-NOT	
1-888-327-4236	
www.nhtsa.dot.gov/notins	
U.S. Department of Transportation	
National Highway Traffic Safety Administration	

