



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 241

Date Received

13-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8009710

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) <small>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GNSK16Z82J195236	CHEVROLET TRUCK	SUBURBAN	2002			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) _____ 29-JAN-2000 Mileage at Failure(s) _____ 1800 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

3RD ROW SEAT BELTS WOULD CONTINUE TO TIGHTEN DOWN ON PASSENGER WHEN USED. DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON REVERSE

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 241</p> <p>Date Received <u>REC'D</u> 13-MAY-2002</p> <p>Office of Defects Investigation 8009710</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p><u>[REDACTED]</u> <u>[REDACTED]</u> 753603</p> <p>LINCOLN NE <u>[REDACTED]</u></p>				<p>Work Number _____ Home No. _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of your name and address to the vehicle manufacturer.</p>				<p>Signature of Owner <u>[REDACTED]</u> Date <u>06/12/02</u></p>	
<p>12N7K162829195236 VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located on ball of windshield on driver's side) 12N7K162829195236 4GN5K16Z82J188236</p>		<p>Vehicle Make CHEVROLET TRUCK</p>	<p>Vehicle Model SUBURBAN</p>	<p>Vehicle Year 2002</p>	<p>Current Odometer Reading 4605</p>
<p>Purchase Date 01/29/2002</p>	<p>Dealer's Name <u>Deston Chevrolet</u></p>		<p>Engine Size (CID/CC/L) No Cylinders <u>8</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City <u>Lincoln</u> State <u>Ne</u> Zip Code <u>68512</u></p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>
<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>		
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component 12240000</p>	<p>Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s) <u>23-JAN-2000</u> Mileage at Failure(s) <u>1500</u> Vehicle Speed at Failure(s) <u>Moving or sitting still</u></p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>3RD ROW SEAT BELTS WOULD CONTINUE TO TIGHTEN DOWN ON PASSENGER WHEN USED. DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK</p> <p><i>Service manager said that the seat belts for the 3rd row were for children! They have given me extenders? That just makes things worse!</i></p>					
<p>CONFIRM ON BACK IF NEEDED</p>					
<p>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.</p>					

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

The seat belts is progressively get tighter on the chest & abdomen. As the seat belt get tighter it is difficult to breathe and the belt was very hard to unhook.

I called General Motors customer line and our conversation was cut off by the woman I was talking to. I had asked her for the DOT phone number. My file number there is 06852768.

Thank You

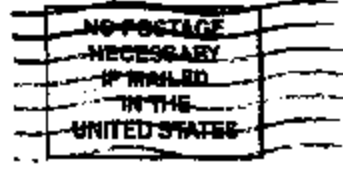
ATTACH ADDITIONAL SHEETS IF NECESSARY

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



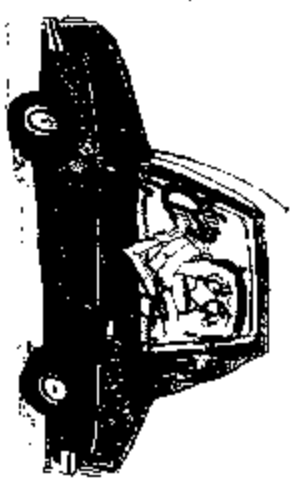
BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
DOT Auto Safety Hotline, NSA-10.1
400 7th Street, SW
Washington, DC 20590



20390+0001



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/hotline>

DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2.DOT
1-888-327-4236

DASH2DOT
and dial toll free at

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

VEHICLE OWNER'S