



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 758

Date Received

24-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8010446

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 or driver's side door)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX03E7VD246152		CHEVROLET TRUCK	VENTURE	1997	
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 09002000	Part Name(s) LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) _____ 20-APR-2002 Mileage at Failure(s) _____ 122000 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)

DRIVER'S SIDE HEADLIGHT COVER FELL OFF, CAULKING AROUND COVER HAS CRACKED.*AK

COPIES OF REPORTS ARE KEPT

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758	
		Date Received 24-MAY-2002 DEFECTS INVESTIGATION OFFICE	Od or ri dt od rt up ltr Reference No. 10010446
OWNER INFORMATION (Type or Print) 755641			
06 PLAINS IL			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO In the absence of an authorized representative, NOT provide your name and address to the vehicle manufacturer. Signature of Owner Date 6/5/02			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1GNDX03E7VD246152	Vehicle Make CHEVROLET TRUCK	Vehicle Model VENTURE	Vehicle Year 1997
Purchase Date MAY 1997		Dealer's Name 2 FRANK	Current Odometer Reading 124,000
☒ New ☐ Used	City CHICAGO	State IL	Zip Code 60659
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 ☒ Driverside Airbag ☐ 2-Point Belt ☒ 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 ☒ 5 door	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 09002000	Part Name(s) LIGHTING: GENERAL OR UNKNOWN COMPONENT: HEAD LIGHTS	Location ☒ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No of Failures	Date(s) of Failure(s) 20-APR-2002 Mileage at Failure(s) 122000 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	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
DRIVER'S SIDE HEADLIGHT COVER FELL OFF, CAULKING AROUND COVER HAS CRACKED. *AK THE GLASS PART ON THE DRIVERS SIDE HEADLITE (IF DISCOVERED) WAS MISSING. I THOUGHT MAYBE IT BROKE OR SOMEONE BROKE IT, BUT THERE WERE NO PIECES OF GLASS LEFT ON THE FACE OR THE HOUSING OF THE HEADLITE. PIECES YOU FIND STUCK ON THE FACE UNDER SOMETHING BLANK.			

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 is in violation of the Federal Motor Vehicle Safety Standards.

RS. WHEN I SPOKE WITH GM I WAS TOLD THEY HAD COMPLAINED ON THE PORTION OF MY VAN. JUST THE PART COST 10500 PLUS LABOR TO

