



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

14-JUN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8011877

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
1GKDM19W0TB519615		GMC	SAFARI	1996	
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 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 01-JUN-2002 Mileage at Failure(s) 46000 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)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 35 MPH. UPON IMPACT, NEITHER AIR BAG DEPLOYED. DEALER AND MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

COPIES OF REPORTS - FREE -

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
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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 241

Date Received

14 JUN 2002

Od or
n dt
od rt
up ctr

Reference No.

1011877

OFFICE
DEFECTS INVESTIGATION

Work Number

Home Number

OWNER INFORMATION (Type or Print)

759241

VILLA RICA

GA

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?

In the absence of an address, provide your name and address to the vehicle manufacturer.

☒ YES ☐ NO

Signature of Owner

Date 06/25/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GKDM19W0TB519615

Vehicle Make

GMC

Vehicle Model

SAFARI

Vehicle Year

1996

Current Odometer Reading

45,000 plus

Purchase Date

7-20-96

Dealer's Name Southtowne

Engine Siz Vortec
(CID/CC/L 4300

☐ Turbo
☐ Diesel
☒ Gas
☐ Fuel Injectio

☒ New ☐ Used

City Newnan State GA Zip Code 30263

No Cylinders 6

Transmission Type

☐ Manual
☒ Automatic

Antilock Brakes

☒ Yes
☐ No

Restraint System

☒ 3-Point Belt
☐ Motorbelt
☒ Driverside Airbag
☐ 2-Point Bel
☒ 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
☒ 3 Door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12111000

Part Name(s)

INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT

Location

☒ Left
☒ Front
☐ Right
☐ Rear

Failed Part(s)

☒ Original
☐ Replacement

No. of Failures

Date(s) of Failure(s) 01-JUN-2002

Mileage at Failure(s) 46000

Vehicle Speed at Failure(s) 35 MPH

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

4

Number of Fatalities

0

Estimated Property Damage

10,152.00
Van totaled

Reported to Police

☒ Yes ☐ No

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

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT 35 MPH. UPON IMPACT, NEITHER AIR BAG DEPLOYED. DEALER AND MANUFACTURER WERE NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

Right Front Seat Belt Failed to hold also.

CONTINUE ON BACK IF NEEDED

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