 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1988</p>			
<p>OWNER INFORMATION (Type or Print)</p> <p>LAKE ELSINOR CA</p>		<p>DEFECTS INVESTIGATION</p> <p>OFFICE</p>		<p>Date Received 20-AUG-2002</p> <p>Ed_or rt_dt od_rt up_itr</p> <p>Reference No. BD16744</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date 8/13/02</p>		<p>Work Number _____</p> <p>Home Number _____</p>		<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p align="center">VEHICLE INFORMATION</p>							
<p>Vehicle Ident. No. (VIN) (Located in option or windshield on driver's side)</p> <p>1GNDM1922VB114703</p>		<p>Vehicle Make</p> <p>CHEVROLET TRUCK</p>	<p>Vehicle Model</p> <p>ASTRO</p>	<p>Vehicle Year</p> <p>1997</p>	<p>Current Odometer Reading</p>		
<p>Purchase Date</p> <p>Feb 1999</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L)</p> <p>No Cylinders 6</p>	<p><input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injection</p>	<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt</p> <p><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt</p> <p><input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up Truck</p>
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>							
<p>Component</p> <p>02000000</p>	<p>Part Name(s)</p> <p>SUSPENSION</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original Replacement</p>		
<p>No of Failures</p>	<p>Date(s) of Failure(s) 18-JUL-2002 8-5-02</p> <p>Mileage at Failure(s) 14000 140300</p> <p>Vehicle Speed at Failure(s) 68</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p align="center">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</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>6</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p> <p>TOTALED</p>	<p>Reported to Police</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>							
<p>WHILE DRIVING AT 68MPH AND WITH NO WARNING VEHICLE STARTED TO VIBRATE, CAUSING IT TO ROLLOVER. DEALER NOTIFIED.*AK</p>							

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 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.

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

DRIVING ABOUT 65 mph we thought we had a blow out the car started to shake vigorously and then swerving side to side and then flipping rolling over about 2 1/2 times six persons in van none seriously hurt. Van landed on driver side and skidded on side before coming to a completed stop. One daughter sitting in far back seat where the damage this was is having serious back problems. One of the 4 year old twin sitting in the center seat is so traumatized she cries not want to go anywhere just to avoid getting in a car.

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



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

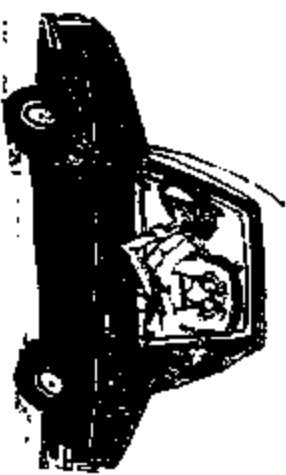
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) & DOT

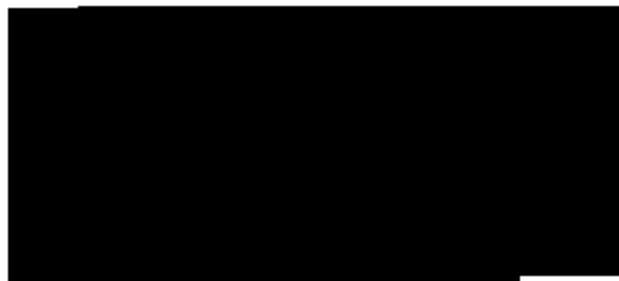


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<http://www.nhtsa.dot.gov/office>

She makes herself sick and
~~the~~ vomits if necessary just so
she can stay at home. We
force her to go places but
she cries herself to sleep in
the car. I was sitting in front
passenger seat and am suffering
from shoulder pain caused by
holding on tight to handle at
front to keep body from
moving around.



Persons in car



Driver (daughter)
front passenger ^{car} seat
center seat (teen girl)
rear passenger seat ^{daughter}
^{also grandchild}
rear driver side (daughter)

