

 <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 1374</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>GROVER NC</p>		<p>Date Received 26-AUG-2002</p> <p>Reference No. 8017228</p> <p>Work Number</p> <p>Home Number 2222222222</p>

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 **9/19/02**

<p align="center">VEHICLE INFORMATION</p>					
Vehicle Ident. No. (VIN.) 2GCEK19R8TE141419	Vehicle Mak CHEVROLET TRUK	Vehicle Mode Z71	Vehicle Year 1996	Current Odometer Reading 198,000	
Purchase Date March 1996	Dealer's Name McKENNA Chevrolet		Engine Siz (CID/CCL) 5.7L	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City KINGS MTA State NC Zip Code 28086		No Cylinders 8	<input checked="" type="checkbox"/> Fuel Injectio	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Tral <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT		Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original Replacement	
No of Failures	Date(s) of Failure(s) 16-AUG-2002	Mileage at Failure(s) 180000	Vehicle Speed at Failure(s) 55, 000	Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p align="center">(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Firs <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage 10,600	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

WHILE DRIVING 55MPH FRONT OF VEHICAL HIT SIDE OF ANOTHER VEHICAL AND AIR BAGS DID NOT DEPLOY.*AK