

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 118

Date Received

27-APR-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

861063

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCCS1445V8162788	CHEVROLET TRU	S10	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12112200	Part Name(s) INTERIOR SYSTEMS;PASSIVE RESTRAINT;AIR BAG;SIDE DOOR;D	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 05-06-1999	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 100298	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 45		

## APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)


Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

TRUCK WAS INVOLVED IN A HEAD ON CRASH TRAVELING ABOUT 45 MPH, AND THERE WAS NO DEPLOYMENT OF DRIVER'S SIDE AIR BAG. TRUCK WAS TOTALLED. PLEASE PROVIDE ANY FURTHER INFORMATION. \*AK

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.

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 118 Date Received: <u>27-APR-2000</u> 00 JUL 18 AM OFFICE: <u>DEFECTS INVESTIGATION</u> File No. <u>861063</u>	
OWNER INFORMATION (Type or Print)				606063	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of your signature and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner				Date <u>07/07/2000</u>	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCCS1445V8162788		CHEVROLET TRU	S10	1997	163299
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Buster Miles Chev		2.2	<input checked="" type="checkbox"/> Gas	<input checked="" type="checkbox"/> Fuel Injection
	City	State	Zip Code	No Cylinders	4
Heflin	Al	36264			
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input checked="" type="checkbox"/> Manual	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt		<input type="checkbox"/> Yes	<input type="checkbox"/> Front
<input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Rear
		<input type="checkbox"/> Motorbelt			<input type="checkbox"/> 4-Wheel
		<input type="checkbox"/> 2-Point Belt			
		<input type="checkbox"/> Passengerside Airbag			
Vehicle Type	Body Style				
<input type="checkbox"/> Car	<input type="checkbox"/> 2-Door				
<input type="checkbox"/> Van	<input type="checkbox"/> 4-Door				
<input type="checkbox"/> Minivan	<input type="checkbox"/> Stationwagon				
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Pick Up Truck				
	<input type="checkbox"/> Other				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
12112200	INTERIOR SYSTEMS: PASSIVE RESTRAINT: AIR BAG: SIDE DOOR: D		<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right		<input checked="" type="checkbox"/> Original
			<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)		Failed Part(s) Available?	NHTSA Previously Contacted?	
	05-OCT-1999		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Mileage at Failure(s)				
	103299				
	Vehicle Speed at Failure(s)				
	45				
APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2	0	\$9300.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
TRUCK WAS INVOLVED IN A HEAD ON CRASH TRAVELING ABOUT 45 MPH, AND THERE WAS NO DEPLOYMENT OF DRIVER'S SIDE AIR BAG. TRUCK WAS TOTALLED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK					
* This vehicle was Totalled!					
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 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.					