

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

197

Date Received

15-MAY-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

861914

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 on vehicle)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDM19W8VB138522	CHEVROLET TRU	ASTRO	1997	

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

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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlulubell <input checked="" type="checkbox"/> 2-Point Belt	<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 Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000	Part Name(s) INTERIOR SYSTEMS;PASSIVE RESTRAINT;AIR BAG	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 17-JAN-2000 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) 40	Failed Part(s) Available? Yes No	NHTSA Previously Contacted? Yes No
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APPLICATION INCIDENT INFORMATION

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

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 2	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATED THAT WHILE DRIVING ABOUT 40 MPH WHEN STRUCK ANOTHER VEHICLE IN A FRONTAL COLLISION WHERE NOR OF THE AIR BAGS DEPLOYED.

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.



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National Highway Traffic Safety Administration

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Date Received

RECEIVED
00 JUN 20 PM 1:22

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OFFICE OF DEFECTS INVESTIGATION

Reference No.
861914

OWNER INFORMATION (Type or Print)

Work Number
Home Number

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 5/20/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) **1GNDM19W8VB138522** Vehicle Make **CHEVROLET TRU** Vehicle Model **ASTRO** Vehicle Year **1997** Current Odometer Reading **43,000**

Purchase Date April 1997 Dealer's Name Puente Hills Chevrolet Engine Size (CID/CC/L) _____ Turbo
 New Used City Industry State CA Zip Code _____ Diesel
No. Cylinders _____ 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 Sport Lift Van Truck Minivan Motorcycle 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 A** Location Left Right Front Rear Failed Part(s) Original Replacement

No. of Failures 1 Date(s) of Failure(s) 17-JAN-2000 Mileage at Failure(s) 43000 Vehicle Speed at Failure(s) 40 Failed Part(s) Available? Yes No NHTSA Previously Contacted? 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 3 Number of Fatalities 0 Estimated Property Damage Total low Reported to Police Yes No

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

WHILE DRIVING ABOUT 40 MPH STRUCK ANOTHER VEHICLE IN A FRONTAL COLLISION. UPON IMPACT, AIR BAGS DID NOT DEPLOY. *AK

RECEIVED
OFFICE OF DEFECTS INVESTIGATION
JUN 20 PM 1:22

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.



GMC

GENERAL MOTORS BUSINESS RESOURCE CENTER

February 10, 2000

NAT Hwy Traff. Safety Admin
400. 7th St.
South West. Washington DC
20590.

RE: File No [REDACTED]
VIN # : 1GNDM19W8VB138522

Dear M [REDACTED]

Thank you for allowing us the opportunity to review the product allegation involving your 1997 Chevrolet Astro Van.

Chevrolet Division is unable to assume responsibility for damages since the claim has been settled with your insurance carrier.

If you have any questions or concerns, you may contact ESIS at the address listed below.

ESIS Unit
300 Renaissance Center
Mail Code 482 C20 D71
Detroit, MI 48265-30

Respectfully,

James Lue
Customer Relationship Manager
Product Allegation Resolution Team
CHEVROLET Division
General Motors Corporation



Vehicle Owner's Questionnaire

Office of Defects Investigation

VOQ Confirmation

File# [REDACTED]

Owner Information

FirstName: [REDACTED] LastName: [REDACTED] MI: [REDACTED] Organization: [REDACTED] Address 1: [REDACTED] Address 2: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]	Home Phone: [REDACTED] Work Phone: [REDACTED] Ext: [REDACTED] Fax Number: [REDACTED] Email Address: [REDACTED]
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Would you like to receive a mailed signature card authorizing release of your vehicle information to manufacturers? Yes

Vehicle Information

Vehicle Identification Number (VIN): 1GNDM19W8VB138522

Vehicle Make: CHEVROLET	Vehicle Model: ASTRO VAN
Vehicle Year: 1997	Current Odometer Reading: 43000
Purchase Date: 04/97	New or Used: New

Engine Size: 4.3	Antilock Brakes: Yes
No. Cylinders: 6	Driverside Airbag: Yes
Fuel Injection: Yes	Passengerside Airbag: Yes
Turbo: No	Side Airbag - Driver: No
Fuel Type: Gas	Side Airbag - Passenger: No
Drivetrain: Rear	3-Point Belt: Yes
Cruise Control: Yes	Motor Belt: No
Body Style: Minivan	2-point Belt: No

Dealer Information

Name: PUENTE HILLS CHEVROLET
Address: 1700 E. GALE AVE.
City: CITY OF INDUSTRY
State: CA
Zip: 91748
Phone: (626) 913-0440

Failed Component/Part Information

Major Assembly	Description	Location Left-Right	Location Front-Rear	Part Type	Num. Failures	Failure Date	Failure Mileage	Failure Speed	Mfg Contacted	N Co
	Crash	Fire	Driver Airbag Deployed	Driver Sidebag Deployed	Passenger Airbag Deployed	Passenger Sidebag Deployed	Num. Injured	Num. Fatalities	Est. Damage	I F
INTERIOR SYSTEMS: PASSIVE RESTRAINTS: AIR BAG	AIR BAGS DID NOT DEPLOY	Right	Front	Original	1	01/17/2000	43000	40	Yes	
	Yes	No	No	NA	No	NA	3	0	\$20,000	

Information on Tire Failure

DOT Number: NA
Manufacturer: NA
Tire Name: NA
Complete Tire Size: NA

Comments: WHILE DRIVING ABOUT 40 MPH. STRUCK ANOTHER VEHICLE IN FRONTAL COLLISION UPON IMPACT AIR BAGS DID NOT DEPLOY





U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Consumer:

As a result of your recent inquiry to the National Highway Traffic Safety Administration's Auto Safety Hotline, we developed the enclosed Vehicle Owner's Questionnaire. Please review the form and supply any additional information you have that you believe is relevant to your safety problem(s). You may also include copies of repair bills, letters to manufacturers, or any other documents related to the problem(s).

Please complete the questionnaire, fold, staple, or tape it so that the pre-addressed portion is on the outside.

We will share this information with the appropriate manufacturer may help resolve your problem(s). It is helpful to be thorough in your report so that our ability to use your information will be maximized. It is not necessary to complete all boxes if you are not sure of the information. It is very difficult to pursue complaints unless the Vehicle Identification Number (VIN) is known, and when reporting a tire problem, the DOT Identification is needed. The VIN is located inside the vehicle adjacent to the left of the windshield pillar (driver's side). The tire identification number contains 7 to 11 characters and is preceded by the letters "DOT" on the tire between the maximum width section and the bead, usually near the rim flange on the opposite side of the whitewall or on either side of a blackwall tire.

Any information you provide on this questionnaire is ENTIRELY VOLUNTARY. There is NO CONSEQUENCE or PENALTY of any kind if you DO NOT wish to provide it. We seek this information so that this agency can help you and other owners with similar problems and to allow us to combine this information with similar owner reports to develop both statistical and investigatory evidence which will help identify potential safety-related problems in motor vehicles or items of motor vehicle equipment.

Sincerely,

Information Management Branch
Auto Safety Hotline

2 Enclosures:
Self-addressed Questionnaire
Auto Safety Hotline Pamphlet



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123



21st Century Insurance Company

400 E. Redondo Beach Blvd. #G Gardena, CA 90248 (310) 965-4900

January 26, 2000



Insured :
Claim No. :
Date of Loss: 01/17/00

Dear

We have completed our evaluation of your vehicle and would like to explain the process of that evaluation.

The actual cash value of your vehicle was calculated using the following method: an independent market research firm called Certified Collateral Corporation conducted a market evaluation on your vehicle. This evaluation was based on vehicles available for sale or that have sold within the past 90 days in your local market area.

Once the actual cash value was determined, the following adjustments were made to determine the settlement amount of \$17,456.43.

Actual Cash Value	:	\$	16,284.00
8.25% Sales Tax	:	\$	1,343.43
Unused License Fees	:	\$	129.00
Old Damage	:	\$	NONE
Deductible	:	\$	(300.00)
Net Settlement	:	\$	17,456.43

If this offer is acceptable, please have the registered owner of the vehicle sign the enclosed forms where I have indicated. We will also need your current registration, the name and telephone number of your lienholder and your account number.

Please call me at the number provided below if you have any questions.

Sincerely,

David Cottey
21st Century Insurance Company
(310) 965-4906 - Direct.
(310) 965-4900
Enclosures

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R-BLH

see over →

we sustained neck, back and knee injuries
as a result of this accident we currently
are under care of a doctor as of this date