Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National 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 231	
Date Received 19-JUL-2000	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ up_ltr ____ ____
	Reference No. 865684

[redacted]

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.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	CHEVROLET TRU	VENTURE	1999	

Purchase Date			
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ 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_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
15443100	EQUIPMENT:CHILD SEAT:CONVERTIBLE HARNESS/STRAPS RETA	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
	Date(s) of Failure(s)_____ Mileage at Failure(s)_____ Vehicle Speed at Failure(s)_____	| |Yes | |No	| | 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

WHILE TRAVELING AT 25 MPH AND AS A RESULT OF AN ACCIDENT CHILD SEAT HARNESS CLIP BROKE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0006

U.S. Department of Transportation
National 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 231

Date Received: 19-JUL-2000 (00 AUG 17 PM 1:5[illegible] OFFICE OF DEFECTS INVESTIGATION)

Od_or
R_dt
od_rt
up_ltr
Reference No. 865684

621526

Work Number
Home Numb[redacted]

OWNER INFORMATION (Type or Print)

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of e[redacted]provide your name and address to the vehicle manufacturer.

Signature of Owne[redacted] Date 8/14/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX06E6VD173755	CHEVROLET TRU	VENTURE	1999	52700

Purchase Date: 4-1-97 ☒ New ☒ Used

Dealer's Name: Bill Heard Chevy
City: Columbus State: GA Zip Code: 31907

Engine Size (CID/CC/L): ____ No Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☐ Yes ☒ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other Van

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
15443160	EQUIPMENT:CHILD SEAT:CONVERTIBLE HARNESS/STRAPS RETAI	☐ Left ☒ Right ☐ Front ☒ Rear	☒ Original ☒ Replacement

No of Failures: 1

Date(s) of Failure(s): 5-31-00 / 6-20-00
Mileage at Failure(s):
Vehicle Speed at Failure(s): 20 mph - 25 mph

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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No		-0-	—	☐ Yes ☒ No

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

WHILE TRAVELING AT 25 MPH AND AS A RESULT OF AN ACCIDENT CHILD SEAT HARNESS CLIP BROKE. DEALER HAS BEEN CONTACTED. PLEASE PROVIDE FURTHER INFORMATION.*AK Took vehicle to get fixed and when it was returned we put minimal pressure on the harness and again it opened. Contacted the dealer and they advised that was the way it was supposed to be. While at the dealer, we checked some

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*														MANUFACTURER/TIRE NAME	SIZE
D	O	T													

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

of the 2000 Ventures and discovered the ones that we checked to be the same way. Please feel free to contact me with any questions

☆ U.S. G.P.O.: 1992 – 623-997 / 60086

U.S Department of Transportation

National Highway Traffic Safety Administration

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

Official Business
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National Highway Traffic Safety Administration
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Washington, DC 20590