

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

335

Date Received

01-AUG-2000

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od_rt

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Reference No.

866482

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 front of vehicle or on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX03E6XD100393	CHEVROLET TRU	VENTURE	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CCL)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No. Cylinders	

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

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 0	Dates of Failure(s) 01-JUL-2000 Mileage at Failure(s) 20000 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

REAR SEAT HAS A COMFORT GUIDE THAT IS USED WITH THE SEATBELT TO KEEP SEATBELT FROM HITTING CHILD ACROSS THE FACE OR NECK. THIS COMFORT GUIDE HAS A PIECE OF VELCRO THAT IF CHILD TURNS LEFT OR RIGHT IT COMES LOOSE, SO THERE'S NO PROTECTION AT THAT TIME. CONSUMER FEELS THIS IS A SAFETY CONCERN BECAUSE IT SHOULD NOT RELEASE WITH A SLIGHT TURN OF A CHILD. *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 Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received: <u>01-SEP-01</u> AM 10:23 01-AUG-2000 OFFICE OF DEFECTS INVESTIGATION Reference No. <u>866482</u> Work Number _____ Home Number _____	
OWNER INFORMATION (Type or Print) 623953			
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 <u>8/26/00</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GNDX03E6XD1003912	Vehicle Make CHEVROLET TRU	Vehicle Model VENTURE	Vehicle Year 1999
		Current Odometer Reading 29,000	
Purchase Date _____	Dealer's Name <u>O'NEILL</u>		Engine Size (CID/CC/L) _____
☒ New ☐ Used	City <u>AVON</u> State <u>CT</u> Zip Code <u>06001</u>		No Cylinders _____
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 Utl ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS		Location ☒ Left ☒ Right ☐ Front ☒ Rear
		Failed Part(s) ☒ Original ☐ Replacement	
No of Failures 0	Date(s) of Failure(s) <u>31-JUL-2000</u> Mileage at Failure(s) <u>28000</u> Vehicle Speed at Failure(s) <u>0</u>		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 0	Number of Fatalities 0
Estimated Property Damage —		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
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