



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 335

Date Received
30-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
869127

OWNER INFORMATION (Type or Print)

IRVIN **BIRMINGHAM** **632270**
3476 HWY 54
NORTH ALIMO **TN** **38001**

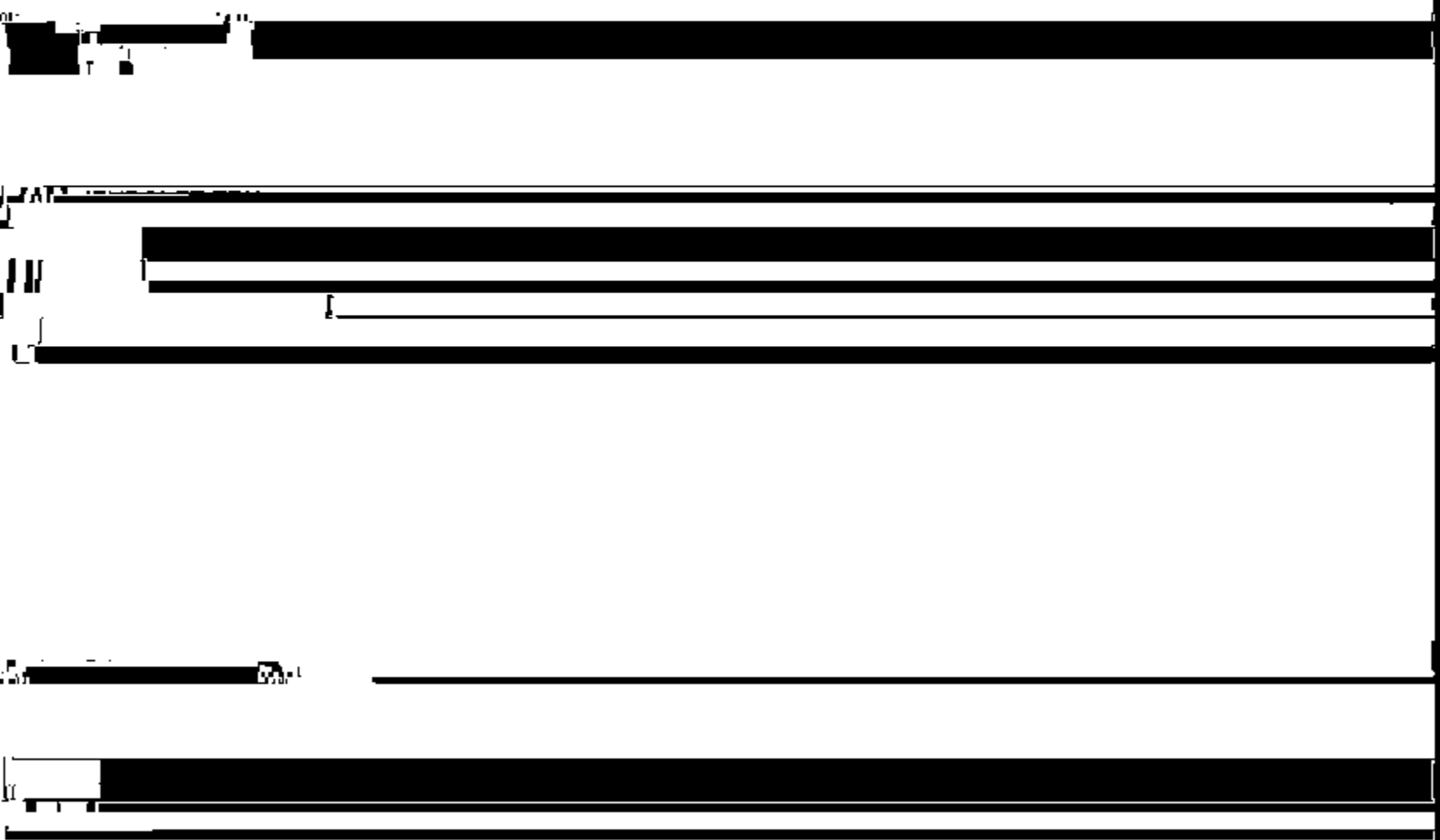
Work Number _____
Home Number **901-696-3272**

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 _____) Vehicle Make _____ Vehicle Model _____ Vehicle Year _____ Current Odometer Reading _____



RECEIVED

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


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 OFFICE INVESTIGATION
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OWNER INFORMATION (Type or Print)

[Redacted] 632270
 Work Number _____
 Home [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 8/1/00

VEHICLE INFORMATION

Vehicle Identification Number (VIN) (last character of windshield on driver's side) <u>1GNEC1375YJ120060</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>TAHOE</u>	Vehicle Year <u>2000</u>	Current Odometer Reading <u>13000</u>
Purchase Date <u>3-1-00</u>	Dealer's Name <u>Serra Chevrolet</u>	Engine Size (CID/CC/L) <u>5300</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>JACKSON</u> State <u>TN</u> Zip Code <u>38305</u>	No. Cylinders <u>V8</u>		
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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag <u>X SIDE AIRBAGS</u>	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input 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		Body Style <input checked="" type="checkbox"/> Sport Ut <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 <input checked="" type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <u>12111000</u> <u>13730000</u>	Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT STRUCTURE: HOOD ASSEMBLY: LATCHES</u> <u>FRONT AND SIDE AIRBAGS</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>0</u>	Date(s) of Failure(s) <u>12 16-AUG-2000</u>	Mileage at Failure(s) <u>13000</u>	Vehicle Speed at Failure(s) <u>0</u>
Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>1</u>	Number of Fatalities <u>0</u>	Estimated Property Damage <u>37,988.00</u>	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE TRAVELING AT 35 MPH LOST CONTROL AND CAR FLIPPED, HIT AN INBANKMENT UPON IMPACT, AIRBAGS DIDN'T DEPLOY, HOOD RELEASED, CUTTING CONSUMER TO THE BONE. *AK
 SIDE + FRONT AIRBAGS DID NOT DEPLOY. ONSTAR SYSTEM WAS NOT NOTIFIED DUE AIRBAGS NOT BEING DEPLOYED.

RECEIVED
 8/1/00 - 2 PM 11:45
 OFFICE INVESTIGATION

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.