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|  <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> | | <p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | | <p>FOR AGENCY USE ONLY 151</p> | |
| <p>Date Received</p> <p>04-JAN-2001</p> | | <p>Od_or _____ rt_dt _____ od_rt _____ up_itr _____</p> | | <p>Reference No.</p> <p>877382</p> | |
| <p>OWNER INFORMATION (Type or Print)</p> | | | | | |
| <p>[Redacted]</p> | | | | <p>664217</p> | |
| <p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> | | | | | |
| <p>Signature of Owner _____ Date ____/____/____</p> | | | | | |
| <p>VEHICLE INFORMATION</p> | | | | | |
| <p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> | | <p>Vehicle Make</p> <p>CHEVROLET TRUCK</p> | <p>Vehicle Model</p> <p>S10</p> | <p>Vehicle Year</p> <p>1996</p> | <p>Current Odometer Reading</p> |
| <p>Purchase Date</p> | <p>Dealer's Name _____</p> | | <p>Engine Siz (CID/CC/L _____</p> | <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p> | <p>No Cylinders _____</p> |
| <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p> | <p>City _____ State _____ Zip Code _____</p> | | <p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p> | <p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p> |
| <p>Cruise Contro</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Drive Trai</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> | <p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p> | <p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p> | <p>Work Number</p> | <p>Home Number</p> |
| <p>FAILED COMPONENT(S)/PART(S) INFORMATION</p> | | | | | |
| <p>Component</p> <p>12112100</p> | <p>Part Name(s)</p> <p>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR</p> | | <p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p> | <p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p> | |
| <p>No of Failures</p> | <p>Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____</p> | | <p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Cras(ies), and injury(ies) on the back of this form)</p> | | | | | |
| <p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>Number of Persons Injured</p> | <p>Number of Fatalitie</p> | <p>Estimated Property Damag</p> | <p>Reported to Polic</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> | | | | | |
| <p>WHILE DRIVING AT 35MPH VEHICLE'S FRONT END BROADSIDED ANOTHER VEHICLE. UPON IMPACT, PASSENGER'S SIDE AND DRIVER'S AIRBAGS DID NOT DEPLOY. NO ONE HAS SEEN VEHICLE. *AK</p> | | | | | |
| <p>CONTINUE ON BACK IF NEEDED</p> | | | | | |
| <p>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.</p> | | | | | |

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|  <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;">FOR AGENCY USE ONLY 151</p> <p>Date Received: <u>04-JAN-2001</u></p> <p style="text-align: center;">OFFICE DEFECTS INVESTIGATION</p> |
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|---|--|
| <p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>664217</p> | <p>Reference No. 877382</p> <p>Work Number _____</p> <p>Home Number _____</p> |
|---|--|

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an address to the vehicle manufacturer.

Signature of Owner _____ Date 1/1

VEHICLE INFORMATION

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|--|---|--------------------------|------------------------------------|--|
| Vehicle Ident. No. (VIN.) <u>16CCT14X4T8218353</u> | Vehicle Make <u>CHEVROLET TRU</u> | Vehicle Model <u>S10</u> | Vehicle Year <u>1996</u> | Current Odometer Reading _____ |
| Purchase Date <u>9/1996</u> | Dealer's Name <u>MAC JONES</u> | | Engine Size (CID/CC/L) <u>4.3L</u> | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection |
| <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used | City <u>ELIZABETH NJ</u> State <u>PA</u> Zip Code _____ | | No Cylinders _____ | |

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

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|---------------------------|---|--|--|
| Component <u>12112100</u> | Part Name(s) <u>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG:SIDE DOOR</u> | Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear | Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |
| No of Failures <u>1</u> | Date(s) of Failure(s) <u>1-2-01</u> Mileage at Failure(s) <u>65,000</u> Vehicle Speed at Failure(s) <u>40 MPH</u> | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted? <input checked="" 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 _____ | Estimated Property Damage <u>10,500</u> | Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|------------------------------------|----------------------------|---|--|

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

WHILE DRIVING AT 40 MPH VEHICLE'S FRONT END BROADSIDED ANOTHER VEHICLE. UPON IMPACT, PASSENGER'S SIDE AND DRIVER'S AIRBAGS DID NOT DEPLOY. NO ONE HAS SEEN VEHICLE. *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 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.

