

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 119</p> <p>Date Received: <u>09-JAN-2001</u></p> <p>Office: <u>DEFECTS INVESTIGATION</u></p> <p>Reference No.: <u>877727</u></p> <p>Od or rt_drl: _____ pod_rh: _____ up_itr: _____</p>
--	---	---

OWNER INFORMATION (Type or Print)

Vehicle Identification Number: 1GNEK13T8YJ187125

Work Number: _____
 Home Number: _____

Do you authorize NHTSA to contact the manufacturer of your vehicle?
 In the absence of a signature, your name and address to the vehicle manufacturer.

Signature of Owner: _____ Date: 2/2/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <u>1GNEK13T8YJ187125</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>TAHOE</u>	Vehicle Year <u>2000</u>	Current Odometer Reading <u>5000</u>		
Purchase Date <u>Aug. 1st, 2000</u>	Dealer's Name <u>Jack De Chevrolet</u>		Engine Size (CID/COAL) <u>5.3L</u>	<input type="checkbox"/> Turbo Diesel Gas		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Kendallville</u> State <u>In</u> Zip Code <u>46755</u>	No. Cylinders <u>8</u>	<input checked="" type="checkbox"/> Fuel Injection			
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 Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>SUV</u>

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <u>12340000</u>	Part Name(s) <u>INTERIOR SYSTEMS: SEAT HEAD RESTRAINTS</u>	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" 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>Sept. 23rd, 2000</u>	Mileage at Failure(s) <u>1600</u>	Vehicle Speed at Failure(s) <u>0</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 type="checkbox"/> Yes <input checked="" 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>T.B.D.</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	--	---

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

CHILD WAS ADJUSTING MIDDLE ROW SEAT. CHILD'S LEFT HAND WAS GUIDING SEAT, AND WAS BEING GUIDED DOWN WITH CHILD'S RIGHT HAND. CHILD'S FINGER WENT INTO A PART ON HEAD REST, AND HEAD REST AUTOMATICALLY RETRACTED ON CHILD'S MIDDLE FINGER, CAUSING LACERATION TO CHILD'S FINGER. CONSUMER HAS CONTACTED DEALER. PLEASE PROVIDE ANY FURTHER DETAILS. *AK These headrests are dangerous due to excessive spring load and metal to metal pinch point.

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.