


DOT Auto Safety Hotline		FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received	Ord_or
[REDACTED]		17-JAN-2001	ri_dt
666949			od_rt
			up_itr
		Reference No.	
		878296	
		Work Number	
		Home Number	
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.			
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
ADD	CHEVROLET TRUC	SUBURBAN	1995
Purchase Date	Dealer's Name _____	Engine Siz (CID/CCIL)	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Automatic	<input type="checkbox"/> No	<input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> No
		<input type="checkbox"/> Passengerside Airbag	Drive Train
			<input 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
			<input type="checkbox"/> Sport Ult Truck
			<input type="checkbox"/> Motorcycle
			Body Style
			<input type="checkbox"/> 2-Door
			<input type="checkbox"/> 4-Door
			<input type="checkbox"/> Stationwagon
			<input type="checkbox"/> Pick Up
			<input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
15120000	EQUIPMENT:ELECTRIC POWER ACCESSORIES:SEATS	<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Original
		<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 01-AUG-2000	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 80000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		
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
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		Estimated Property Damag	Reported to Polic
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
BRACKET INSIDE DRIVER SEAT UNDERNEATH BROKE, CAUSES SEAT TO LEAN TO SIDE			
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.			

<p style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: right;"><b>FOR AGENCY USE ONLY 758</b></p> <p>Date Received <u>17 JAN 2001</u></p> <p style="text-align: right;">Od or rt. dr. _____ od. rt. _____ up. llr _____</p> <p>Reference No. <b>878296</b></p>
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<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>666949</p>	<p>Work Number _____</p> <p>Home Number _____</p>
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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 2.7.01

<p>Vehicle Ident. No. (VIN) <u>ADD 16 NEC 16K9S5331036</u></p>	<p>Vehicle Make <u>CHEVROLET TRU</u></p>	<p>Vehicle Model <u>SUBURBAN</u></p>	<p>Vehicle Year <u>1995</u></p>	<p>Current Odometer Reading <u>79,000</u></p>		
<p>Purchase Date _____</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No Cylinders <u>8</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel injection</p>		
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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 type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____</p> <p><input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>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 _____</p>

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component <u>12310000</u></p>	<p>Part Name(s) <u>INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS</u></p>	<p>Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures _____</p>	<p>Date(s) of Failure(s) <u>01-AUG-2000</u></p> <p>Mileage at Failure(s) <u>80000</u></p> <p>Vehicle Speed at Failure(s) _____</p>	<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <u>0</u></p>	<p>Number of Fatalities <u>0</u></p>	<p>Estimated Property Damage <u>0</u></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

**BRACKET INSIDE DRIVER'S SEAT UNDERNEATH BROKE, CAUSING SEAT TO LEAN TO SIDE. \*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.

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.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* 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)

Seat frame broke under normal wear. I am 5'11" 200lbs, so weight was not a factor. Dealer had part in stock(?). IF this were a child's seat defect there would have been a Recall. This is a safety item driver's seats are defected. driver could lose control of truck. In a accident there is no ~~doubt~~ question that this seat would have failed and caused injury.

I did call Chevrolet H/Q & filed a complaint. Response was Truck out of warranty.

☆ U.S. G.P.O.: 1962-409-877-0000

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
400 7th Street, SW  
Washington, DC 20590





# CORMIER

Chevrolet \* Hyundai

2201 EAST 223RD STREET - P.O. BOX 1468  
LONG BEACH, CA 90801-1468

(310 or 714) 830-5100



D.A.R. REG. # AA001125

E.P.A. # CAD981970635

CUSTOMER NO. 36198	ADVISOR NAME JOHN F HEINEMANN J 446	TAG NO. 3134	INVOICE DATE 01/24/01	INVOICE NO. CTCS115107
[REDACTED]	LABOR RATE	LICENSE NO. 3LCU298	COLOR BLUE	STOCK NO.
	YEAR / MAKE / MODEL 95/CHEVROLET TRUCK/SUBURBAN/UT SUBUR	MILEAGE 78605	DELIVERY DATE	DELIVERY MILES
	VEHICLE I.D. NO. 1GNEC16K8S1331036		SELLING DEALER NO.	PRODUCTION DATE
	F.T.E. NO.	P.O. NO.	F.O. DATE 01/24/01	
BUSINESS PHONE	COMMENTS			

LABOR & PARTS  
 JOB # 1 51CVZ SUBLET TRIM TECH(S): 0.00  
 DRIVERS SEAT CUSHION FRAME BROKEN NEW PART IN STOCK  
 SUBLET REPAIR ON SEAT TO BUDS REPLACE DRIVERS SEAT CUSHION FRAME

PARTS	QTY	FP NUMBER	DESCRIPTION	UNIT PRICE	
JOB # 1	1	12472585	FRAME 16.716	142.12	142.12
				JOB # 1 TOTAL PARTS	142.12
				JOB # 1 TOTAL LABOR & PARTS	142.12

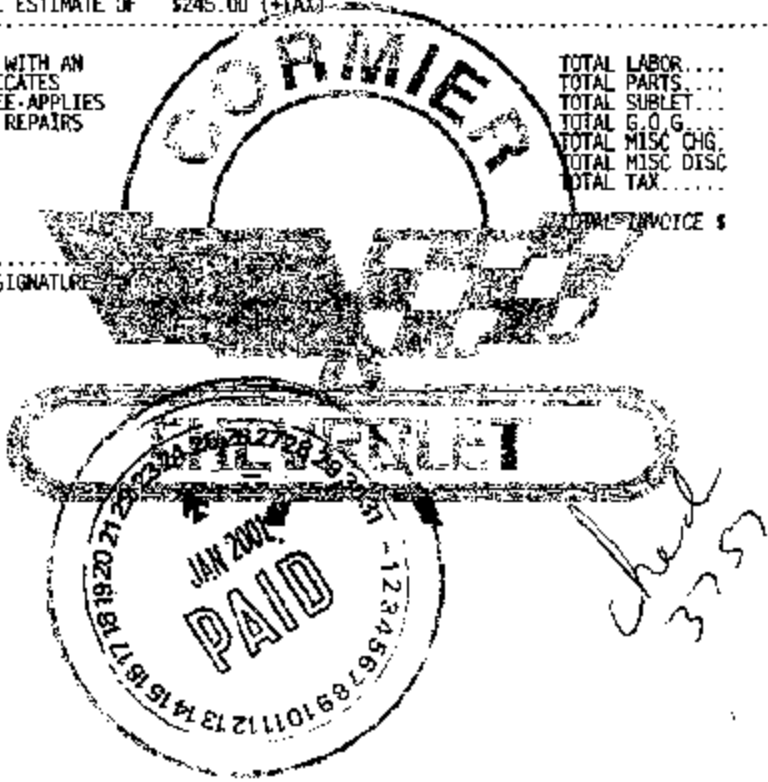
SUBLET	PO#	VEND INV#	INV DATE	DESCRIPTION	
JOB # 1	159368	75828	01/24/01	INST SEAT FRAME	85.00
				TOTAL - SUBLET	85.00

ESTIMATE  
 CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
 ORIGINAL ESTIMATE OF \$245.00 (+TAX)

TOTALS

PARTS DESIGNATED WITH AN ASTERISK (*) INDICATES LIFETIME GUARANTEE - APPLIES FOR CUSTOMER PAY REPAIRS	TOTAL LABOR	0.00
	TOTAL PARTS	142.12
	TOTAL SUBLET	85.00
	TOTAL G.O.G.	0.00
	TOTAL MISC CHG.	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX	11.37
	TOTAL INVOICE \$	238.49

CUSTOMER SIGNATURE



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