

 <p align="center"><b>DOT Auto Safety Hotline</b></p> <p align="center"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p align="center">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p align="center"><b>FOR AGENCY USE ONLY</b> 197</p>	
<p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Date Received <b>17-JAN-2001</b></p>	<p>Od or rt_dt _____ od_rt _____ up_itr _____</p>
<p align="center"><b>OWNER INFORMATION (Type or Print)</b></p>		<p>Reference No. <b>878344</b></p>	
<p>[Redacted] <b>667027</b></p>		<p>Work Number [Redacted] Home Number _____</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 _____</p>		<p>Date ____/____/____</p>	
<b>VEHICLE INFORMATION</b>			
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>1GCDL19W3YB135303</b></p>		<p>Vehicle Mak <b>CHEVROLET TRUC</b></p>	<p>Vehicle Mode <b>ASTRO</b></p>
		<p>Vehicle Year <b>2000</b></p>	<p>Current Odometer Reading _____</p>
<p>Purchase Date _____</p>	<p>Dealers Name _____</p>		<p>Engine Siz (CID/CC/L) _____</p>
<p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>City _____ State _____ Zip Code _____</p>		<p>No Cylinders _____</p>
<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcycl <input type="checkbox"/> 2-Point Bel</p>	<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
		<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>
		<p>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</p>	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
<p>Component <b>12111000</b></p>	<p>Part Name(s) <b>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</b></p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>
		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures <b>0</b></p>	<p>Date(s) of Failure(s) <b>17-JAN-2001</b> Mileage at Failure(s) <b>25000</b> Vehicle Speed at Failure(s) <b>0</b></p>		<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
		<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<b>APPLICATION INCIDENT INFORMATION</b>			
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
<p>Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <b>0</b></p>	<p>Number of Fatalities <b>0</b></p>
		<p>Estimated Property Damag _____</p>	<p>Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<p><b>WHILE DRIVING ABOUT 30 MPH CRASHED INTO ANOTHER VEHICLE THAT CROSSED IN FRONT. UPON IMPACT, BOTH AIR BAGS FAILED TO DEPLOY. CURRENTLY, COMPANY WAS CONCERNED ABOUT PROBLEM WITH AIR BAGS. *AK</b></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 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>			