

 <b>DOT Auto Safety Hotline</b> 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		<b>FOR AGENCY USE ONLY</b> 858	
<b>OWNER INFORMATION (Type or Print)</b> <div style="background-color: black; width: 100%; height: 20px;"></div>		Date Received <b>17-JAN-2001</b>		Od_or _____ rt_dt _____ od_rt _____ up_itr _____	
Signature of Owner _____		Date ____/____/____		Reference No. <b>878355</b>	
<b>VEHICLE INFORMATION</b>		Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) <b>1GNEK13TXYJ182170</b>		Vehicle Make <b>CHEVROLET TRUC</b>	
Vehicle Model <b>TAHOE</b>		Vehicle Year <b>2000</b>		Current Odometer Reading	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) _____ No Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic		Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2 Point Bel		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Antilock Brakes <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	
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck		<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component <b>12240000</b>		Part Name(s) <b>INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS</b>		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	
No of Failures		Date(s) of Failure(s) . . . 01-JAN-2001 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	
NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No		<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)			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Number of Persons Injured	
Number of Fatalities		Estimated Property Damag		Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b> <b>FRONT SEAT BELT CONTINUES TO TIGHTEN WHILE PASSENGER IS IN THE SEAT. *AK</b>					
<small>CONTINUE ON BACK IF NEEDED</small>					
<small>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.</small>					