



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 231

Date Received

26-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

879095

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 ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make CHEVROLET TRU	Vehicle Model BLAZER	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 Util 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 Truck <input checked="" type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12410000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE STARTING NOTICED AIR BAG INDICATION LIGHT ON THROUGHOUT TRAVEL. DEALER HAS BEEN NOTIFIED; REPAIRED ONCE, BUT PROBLEM RETURNED. PLEASE PROVIDE FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974-Public Law 93-576 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;">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>FOR AGENCY USE ONLY 231</p>
	<p>Date Received: FEB 13 04:21:15 26 JAN 2001</p> <p>OFFICE: GAS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ od_rt _____ up_tr _____</p> <p>Reference No. 879095</p> <p>Work Number _____ 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 authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 2/15/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GNDT13W3XK108343</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>BLAZER</u>	Vehicle Year <u>1999</u>	Current Odometer Reading		
Purchase Date <u>Oct. 1999</u>	Dealer's Name <u>Lewis Chevrolet</u>		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Beckley</u>	State <u>WV</u>	Zip Code _____	<input type="checkbox"/> Diesel	<input type="checkbox"/> Gas	<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 checked="" 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 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 checked="" type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>12110000</u>	Part Name(s) <u>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>1/2001</u> Mileage at Failure(s) <u>41508</u> Vehicle Speed at Failure(s) <u>picked</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input 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	Number of Fatalities	Estimated Property Damage
				Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

WHILE STARTING NOTICED AIR BAG INDICATION LIGHT ON THROUGHOUT TRAVEL. DEALER HAS BEEN NOTIFIED; REPAIRED ONCE, BUT PROBLEM RETURNED. PLEASE PROVIDE FURTHER INFORMATION. *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

KING COAL CHEVROLET CO.

CHEVROLET



1508 EAST MAIN STREET
 OAK HILL, WEST VIRGINIA 25901
 Telephone: (304) 469-2901



CUSTOMER NO.
 14370

ADDRESS TAMMY SHUMAKE 24		TAB NO.
LABOR RATE	LICENSE NO.	MILEAGE 41508
YEAR / MAKE / MODEL 99/CHEVROLET TRUCK/		
VEHICLE ID. NO. 1GNDT13W3XK106343		
P. T. & MO.		P. O. NO.

INVOICE DATE
 01/18/01

INVOICE NO.
 CTC853650

COLOR

STOCK NO.

DELIVERY DAT

DELIVERY #

S. O. DATE
 01/18/01

MO: 41508

RESERVE PHONE

BUSINESS PHONE

COMMENTS

LABOR & PARTS
 # 1 03CVZ23 AIRBAG/SEATBELTS HOURS: 1.00 TECH(S): 02 44.00
 CUSTOMER STATES: AIR BAG LIGHT CONTING CK AND ADVISE
 CODE 1024 AND 1027 SETTING FOR AIR BAG
 MODULE MALFUNCTION
 OKD RESISTANCE OF WIRES AND BAGS ALL OK
 INTERNAL

JOB # 1 TOTAL LABOR & PARTS 44.00

MISC. CODE DESCRIPTION CONTROL NO. TOTAL - MISC 1.32
 JOB # A SS CUSTOMER PAYS EPA 1.32

TOTALS

*****	TOTAL LABOR ...	44.00
*	TOTAL PARTS ...	0.00
*	TOTAL SUBLET ...	0.00
*	TOTAL G.D.G. ...	0.00
*	TOTAL MISC CHG ...	1.32
*	TOTAL MISC DISC ...	0.00
*	TOTAL TAX ...	2.72
*	TOTAL INVOICE \$	48.04

PAYMENT METHOD

[] Cash

[/] Visa/MC

[] Check number

PAYMENT RECEIVED BY [] INITIALS HERE

CUSTOMER SIGNATURE

