



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

335

Date Received

31-JAN-2001

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ip_ltr

Reference No.

879495

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) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GNDX03E3XD218674	CHEVROLET TRU	VENTURE	1999	

Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size _____ (CID/GAL) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
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Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☒ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12200000 15500000 12310000	Part Name(s) INTERIOR SYSTEMS: ACTIVE SEAT AND SHOULDER BELTS AND B EQUIPMENT: JACKS INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 0	Date(s) of Failure(s) 20-JAN-2001 Mileage at Failure(s) 15000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ANOTHER VEHICLE STRUCK DRIVER ON SIDE OF CONSUMER'S CAR, AND SEATBELT BEHIND PASSENGER DIDN'T HOLD CCS OR CHILD IN PLACE, SEAT FLEW BACKWARDS, AND CHILD LANDED ON HANDS AND KNEES. JACK FOR CHANGING TIRES ALSO CAME OUT OF COMPARTMENT IN BACK OF TRUCK. *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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335 Date Received <u>31-JAN-2001</u> OFFICE OF THE ASSISTANT SECRETARY FOR SAFETY	
OWNER INFORMATION (Type or Print) 671784		Reference No. 879495	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorized signature, NHTSA will NOT provide your name and address to the vehicle manufacturer.		☒ YES ☐ NO	
Signature of Owner		Date <u>3-12-01</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GNDX03E3XD218674		Vehicle Make CHEVROLET Vehicle Model TRU VENTURE Vehicle Year 1999 Current Odometer Reading _____	
Purchase Date _____ Dealer's Name <u>LIBERTY CHEVROLET</u>		Engine Size (CID/CC) _____ No. Cylinders <u>6</u>	
☐ New ☒ Used		☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection	
City <u>WACHTAM</u> State <u>MA</u> Zip Code _____			
Transmission Type ☐ Manual ☒ Automatic		Antilock Brakes ☐ Yes ☒ No	
Restraint System ☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag		Cruise Control ☐ Yes ☒ No	
Drive Train ☐ Front ☐ Rear ☐ 4-Wheel		Vehicle Type ☐ Car ☐ Sport Utl ☐ Truck ☐ Motorcycle ☒ Van ☐ Minivan ☐ Other _____	
Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other _____			
FAILED COMPONENT(S)/PART(S) INFORMATION			
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Location ☐ Left ☐ Right ☐ Front ☐ Rear		Failed Part(s) ☐ Original ☐ Replacement	
No. of Failures 0		Date(s) of Failure(s) <u>20-JAN-2001</u> Mileage at Failure(s) <u>15000</u> Vehicle Speed at Failure(s) <u>0</u>	
Failed Part(s) Available? ☐ Yes ☐ No		NHTSA Previously Contacted? ☐ Yes ☐ No	
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and in jury(ies) on the back of this form)			
Crash ☒ Yes ☐ No		Fire ☐ Yes ☒ No	
Number of Persons Injured 0		Number of Fatalities 0	
Estimated Property Damage _____		Reported to Police ☒ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ANOTHER VEHICLE STRUCK DRIVER ON SIDE OF CONSUMER'S CAR, AND SEATBELT BEHIND PASSENGER DIDN'T HOLD CCS OR CHILD IN PLACE, SEAT FLEW BACKWARDS, AND CHILD LANDED ON HANDS AND KNEES. JACK FOR CHANGING TIRES ALSO CAME OUT OF COMPARTMENT IN BACK OF TRUCK. *AK			
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