Form Approved: OMB No. 2127-0042

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 920

Date Received: 27-MAR-2001

Od_or
rt_dt
od_rt
op_ltr

Reference No.: 884284

[redacted]

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.) (Location of number and check digit)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GNDU06E9VD110464	CHEVROLET TRUC	VENTURE	1997	

Purchase Dat			
☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	Engine Size (CID/CC/L _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
09202000	LIGHTING:LAMP OR SOCKET:HEAD LIGHTS	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	01-JUN-2000 97000 Mileage at Failure(s)_____	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

COVERS FOR ALL HEADLIGHTS HAVE FALLEN OFF. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

CONTINUED ON NEXT PAGE

Form Approved. O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Date Received: 27-MAR-2001

Od_or ____
rt_dt ____
od_rt ____
up_ltr ____

Reference No. 884284

OWNER INFORMATION (Type or Print)

[redacted] 683016

Work Number

Home Number [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner [redacted] Date 4/24/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
[redacted]	CHEVROLET TRU	VENTURE	1997	95,426

Purchase Date: 11/96 [X] New [ ] Used

Dealer's Name: Byers Chevrolet
City: Cols State: Ohio Zip Code

Engine Size (CID/CC/L) ____
No Cylinders: 4

[ ] Turbo [ ] Diesel [ ] Gas [X] Fuel Injection

Transmission Type: [ ] Manual [X] Automatic

Antilock Brakes: [X] Yes [ ] No

Restraint System: [X] 3-Point Belt [ ] Motorbelt [X] Driverside Airbag [ ] 2-Point Belt [X] Passengerside Airbag

Cruise Control: [X] Yes [ ] No

Drive Train: [ ] Front [ ] Rear [ ] 4-Wheel

Vehicle Type: [ ] Car [X] Van [X] Minivan [ ] Other ____ [ ] Sport Ult [ ] Truck [ ] Motorcycle

Body Style: [ ] 2-Door [ ] 4-Door [ ] Stationwagon [ ] Pick Up Truck [X] Other 3 door

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 09202000
Part Name(s): LIGHTING:LAMP OR SOCKET:HEAD LIGHTS

Location: [X] Left [X] Right [X] Front [X] Rear

Failed Part(s): [X] Original [ ] Replacement

No of Failures: all light covers

Date(s) of Failure(s): 01-JUN-2000
Mileage at Failure(s): 97000
Vehicle Speed at Failure(s): ____

Failed Part(s) Available? [X] Yes [ ] No

NHTSA Previously Contacted? [ ] Yes [X] 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
[ ] Yes [X] No	[ ] Yes [X] No				[ ] Yes [X] No

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

COVERS FOR ALL HEADLIGHTS HAVE FALLEN OFF. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK

2 main headlight covers have fallen off all other covers are loose - whole lamp assembly must be replaced at my cost. I feel it's a safety issue because without covers lights will fail. I had to replace one headlamp at my cost because it fell out all others are taped in place - it is an [illegible]

CONTINUE ON BACK IF NEEDED

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)

manufacture defect. Dealership offers nothing (service manager said he was waiting for this to fall off). Manufacture responded by having a customer service person call me. She suggested a Liquid Store glue that she has lots of luck with!!?!

☆ U.S. G.P.O.: 1992 – 623-007 / 60088

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

COLUMBUS OH PM

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