



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 758

Date Received

12-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

892594

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>(Location at bottom of windshield and driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
ADD	GMC	SIERRA	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12411200	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT.	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	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 DRIVING 40 MPH CONSUMER R HIT ANOTHER VEHICLE IN A FRONT CRASH. UPON IMPACT, DRIVER'S AIRBAG DID NOT DEPLOY. CONSUMER HIT HER HEAD ON STEERING WHEEL, REQUIRED 6-8 STITCHES. CHEVROLET CUSTOMER SERVICE TOLD CONSUMER HER AIRBAG SHOULD NOT HAVE DEPLOYED, HER LIFE WAS NOT IN DANGER. DAMAGE TO VEHICLE WAS \$ 7000.00. *AK

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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.



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

OWNER INFORMATION (Type or Print)

702090

FOR AGENCY USE ONLY 758
Date Received
12-JUL-2001
OFFICE OF DEFECTS INVESTIGATION
Reference No. 8927594

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an owner, do you authorize NHTSA to provide your name and address to the vehicle manufacturer? YES NO
Signature of Owner: [Redacted]
Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [Redacted]
Vehicle Make: GMC
Vehicle Model: SIERRA
Vehicle Year: 1996
Current Odometer Reading: [Redacted]

Purchase Date: [Redacted]
Dealer's Name: [Redacted]
City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Engine Size: 4.3 (CID/CC) No Cylinders: 6
Turbo: Diesel: Gas: Fuel Injection:

Transmission Type: Automatic Manual
Articlock Brakes: Yes No
Restraint System: 3-Point Belt Driver Side Airbag Passenger Side Airbag
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Van Minivan Other
 Sport Ute Truck Motorcycle
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 12111200
Part Name(s): INTERIOR SYSTEMS/PASSENGER RESTRAINTS-AIR BAG:FRONTA
Location: Front Rear Left Right
Failed Part(s): Original Replacement

No of Failures: [Redacted]
Date(s) of Failure(s): 10-FEB-2001
Mileage at Failure(s): 125000
Vehicle Speed at Failure(s): 40
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
File: Yes No
Number of Persons Injured: 1
Number of Fatalities: [Redacted]
Estimated Property Damage: [Redacted]
Reported to Police: Yes No

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

WHILE DRIVING 40 MPH CONSUMER HIT ANOTHER VEHICLE IN A FRONT CRASH. UPON IMPACT, DRIVER'S AIRBAG DID NOT DEPLOY. CONSUMER HIT HER HEAD ON STEERING WHEEL, REQUIRED 6-8 STITCHES. CHEVROLET CUSTOMER SERVICE TOLD CONSUMER HER AIRBAG SHOULD NOT HAVE DEPLOYED, HER LIFE WAS NOT IN DANGER. DAMAGE TO VEHICLE WAS \$7000.00. *AK

CONTINUE ON BACK IF NEEDED

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