



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 436**

Date Received

24-AUG-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

895138

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small>        | Vehicle Make  | Vehicle Model  | Vehicle Year   | Current Odometer Reading  |   |   |
| 2G1WL52M7W9111057   | CHEVROLET   | LUMINA   | 1998   |   |   |   |
| Purchase Date<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used                | Dealer's Name _____<br>City _____ State _____ Zip Code _____                              | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injectio |   |   |   |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No   | Drive Train<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>12110000 | Part Name(s)<br>INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG                | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Date(s) of Failure(s) 07-AUG-2001<br>73000<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Polic<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|---------------------------|----------------------|--------------------------|--|

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

**INTERMITTENTLY AIR BAG LIGHT STAYS ILLUMINATED WHEN DRIVING. CONSUMER HAD IT CHECKED. DEALER STATED IT WOULD AN EXPENSIVE REPAIR. DEALER HASN'T TAKEN IT BACK TO HAVE IT FIXED.\*AK**

COPIED FROM NHTSA FORM 301

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.

|  |   |   |   |
|--|---|---|---|
| <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   | <b>FOR AGENCY USE ONLY</b> 436<br>Date Received: <b>24-AUG-2001</b><br>Office: <b>DEFECTS INVESTIGATION</b>   |   |
| U.S. Department of Transportation<br>National Highway Traffic Safety Administration  |   | Od. or re. dt. up. Itr. _____<br>Reference No. <b>895138</b>  |   |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] <b>710554</b>   |   | Work Number: [Redacted]<br>Home Number: [Redacted]  |   |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorized signature, your name and address to the vehicle manufacturer.   |   | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/><br>Signature of Owner: [Redacted] Date: <b>9/4/03</b>   |   |
| <b>VEHICLE INFORMATION</b>   |   |   |   |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)  | Vehicle Make  | Vehicle Model   | Vehicle Year  |
| <b>2G1WL52M7W9111057</b>   | <b>CHEVROLET</b>  | <b>LUMINA</b>   | <b>1998</b>   |
| Purchase Date  | Dealer's Name   | Engine Size (CID/GCIL)  | Turbo <input type="checkbox"/>  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used  | <b>Floyd Anderson</b>   | <b>3.1</b>  | Diesel <input type="checkbox"/>   |
|  | City: <b>Campton</b> State: <b>Ky</b> Zip Code: _____               | No. Cylinders: _____  | Gas <input type="checkbox"/>  |
|  |   |   | Fuel Injectio <input checked="" type="checkbox"/>   |
| Transmission Type  | Antilock Brakes   | Restraint System  | Cruise Control  |
| <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |
|  |   |   | Drive Train   |
|  |   |   | <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel  |
|  |   |   | Vehicle Type  |
|  |   |   | <input checked="" type="checkbox"/> Car <input type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <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 <input type="checkbox"/> Truck  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>   |   |   |   |
| Component  | Part Name(s)  | Location  | Failed Part(s)  |
| <b>12110000</b>  | <b>INTERIOR SYSTEMS-PASSIVE RESTRAINT: AIR BAG</b>                  | <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear   | <input type="checkbox"/> Original <input type="checkbox"/> Replacemen   |
| No. of Failures  | Date(s) of Failure(s)   | Mileage at Failure(s)   | Vehicle Speed at Failure(s)   |
|  | <b>07-AUG-2001</b>  | <b>73000</b>  |   |
|  |   |   | 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), Crashes), and injury(ies) on the back of this form)  |   |   |   |
| Crash  | Fire  | Number of Persons Injured   | Number of Fatalities  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |   |
|  |   | Estimated Property Damage   | Reported to Police  |
|  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>   |   |   |   |
| <p><b>INTERMITTENTLY AIR BAG LIGHT STAYS ILLUMINATED WHEN DRIVING. CONSUMER HAD IT CHECKED. DEALER STATED IT WOULD AN EXPENSIVE REPAIR. DEALER HASN'T TAKEN IT BACK TO HAVE IT FIXED.*AK</b></p>   |   |   |   |
| CONTINUE ON BACK IF NEEDED   |   |   |   |
| The Privacy Act of 1974 (Public Law 93-502) 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 responses 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. |   |   |   |