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** 241

Date Received: 29-NOV-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
op_ltr ____ ____

Reference No.: 899638

[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 |
|---|---|---|---|---|
| 2G1WL52M0V9249533 | CHEVROLET | LUMINA | 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 ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel | ☐ Yes ☐ No | ☐ Front ☐ Rear ☐ 4-Wheel | ☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Utl ☐ Truck ☐ Motorcycle | ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____ |

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

| Component | Part Name(s | Location | Failed Part(s |
|---|---|---|---|
| 12111000 | INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/ | ☐ Left ☐ Front ☐ Right ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Dates of Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| | 15-NOV-2001 | | |
| | Mileage at Failure(s 97000 | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | Vehicle Speed at Failure(s) | | |

## 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)

**FRONTAL COLLISION WITH A PHONE POLE AT APPROXIMATELY 15 OR MORE MPH,ESTIMATED DAMAGES WAS $4,700.00. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS MATTER. *AK**

CONTINUE ON A SEPARATE SHEET

Form Approved: O.M.B. No. 2127-0004

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 241

Date Received: 13-NOV-2001

Old_or _____
rt_dt _____
od_rl _____
up_ltr _____

Reference No. 899638

Won Number

Home Nu [redacted]

## OWNER INFORMATION (Type or Print)

[redacted] 728128

*Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?* ☒ YES ☐ NO
*In the absence of [redacted] NHTSA WILL NOT provide your name and address to the vehicle manufacturer.*

Signature of Own [redacted] Date 2/12/02

## VEHICLE INFORMATION

| Vehicle Iden. No. (VIN) (located at lower left of windshield on driver's side) | Vehicle Mak | Vehicle Mode | Vehicle Year | Current Odometer Readi |
|---|---|---|---|---|
| 2G1WL52M0V9249533 | CHEVROLET | LUMINA | 1997 | |

Purchase Date

☐ New ☒ Usec

Dealer's Name C+O Motors

City St Albans State WV Zip Code 25177

Engine Siz (CID/CCIL 3.1L

No Cylinders 6

☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injectio

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

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 12111000 | INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT | ☐ Left ☒ Front ☐ Right ☐ Rear | ☒ Orginal ☐ Replacemen |

| No of Failures | Date(s) of Failure(s) | Failed Part(s): | NHTSA Previously |
|---|---|---|---|
| 1 | 15-NOV-2001 10/27/2001 | ☒ Yes ☐ No | ☐ Yes ☐ No |

Mileage at Failure(s) 27000

Vehicle Speed at Failure(s) _____

## 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 ☐ No | ☐ Yes ☒ No | 1 | None | $4,721.40 | ☒ Yes ☐ No |

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

FRONTAL COLLISION WITH A PHONE POLE AT APPROXIMATELY 15 OR MORE MPH.ESTIMATED DAMAGES WAS $4,700.00. UPON IMPACT, BOTH AIR BAGS DID NOT DEPLOY. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS MATTER THANK

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.* | MANUFACTURER/TIRE NAME | SIZE |
|---|---|---|
| D O T | | |

* 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)

I suffered deep rib bruises and a whip lash - requiring physical therapy. I would like for GM to cover the medical Bills

☆ U.S. G.P.O.: 1992 – 623-887/80096

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

CHARLESTON WV 25316 PM 13 FEB 2002

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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

20590+0001