



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

Date Received: 7/02/01
Halter/Officer: _____
City: _____
State: _____
Zip: _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side)				VEHICLE MAKE	VEHICLE MODEL	MANUFACTURE DATE	MODEL YEAR
1GNDM19W2YB14B743				CHEVROLET	ASTRO VAN		2000
VEHICLE MANUFACTURER							
<input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other <input type="radio"/> Daihatsu/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW							
PURCHASE DATE		DEALER'S NAME		CITY		STATE	ZIP CODE
2/27/00		Courtesy Chevrolet		San Jose		CA	95128
ENGINE SIZE (CID/GC/L)		FUEL SYSTEM		TRANSMISSION TYPE		RESTRAINT SYSTEM	
NO. CYLINDERS <u>6</u>		<input type="radio"/> Turbo <input type="radio"/> Diesel <input type="radio"/> Manual <input checked="" type="radio"/> Fuel Injection <input checked="" type="radio"/> Gas <input checked="" type="radio"/> Automatic		<input checked="" type="radio"/> Yes <input type="radio"/> No ANTILOCK BRAKES		<input checked="" type="radio"/> Driver-side Airbag <input checked="" type="radio"/> 2 Point Belt <input type="radio"/> Passenger-side Airbag <input type="radio"/> Motorbolt <input type="radio"/> 3 Point Belt	
CRUISE CONTROL		DRIVETRAIN		VEHICLE TYPE		DOORS	
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Front <input type="radio"/> 4 Wheel <input checked="" type="radio"/> Rear		<input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other <input checked="" type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		<input type="radio"/> 2 Door <input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" type="radio"/> 4 Door <input type="radio"/> Pick-up Truck <input type="radio"/> Stationwagon	

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarm <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input checked="" type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other <u>Gas smell Exhaust fumes Entering the car</u>	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).	
	7	TIRE NAME	COMPLETE TIRE SIZE
	INCIDENT DATE	TIRE BRAND	
	MILEAGE AT INCIDENT	<input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other	
VEHICLE SPEED AT INCIDENT	FAILED PART(S)		
	<input type="radio"/> Original <input type="radio"/> Replacement		
HANDICAPPED ADAPTIVE	FAILED PART(S) AVAILABLE?	NHTSA PREVIOUSLY CONTACTED?	
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.	CRASH	NUMBER OF PERSONS INJURED	CAUSE OF INCIDENT	RESULT OF INCIDENT
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		
	FIRE	NUMBER OF FATALITIES		
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		

PLEASE DO NOT WRITE IN THIS AREA



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