



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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

Repository

JAN 27 PM 5:00
30-DEC-2002

Reference No.
10001627

DEFECTS INVESTIGATION

OWNER INFORMATION (Type or Print)

Name

Address

City NOTTINGHAM

State PA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner Date 1/13/03

VEHICLE INFORMATION

Make CHEVROLET Model VENTURE Model Year 2002

Date Purchased 11-26-02 Dealer's Name and Telephone Number JOHN SAUNDER AUTO CO. Engine: No. Cylinders 6 Fuel Type: UNL.

Original Owner Dealer's City NEW HOLLAND PA. 17551 State PA Zip Code 17557

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain ALL WHEEL DRIVE Vehicle Component Code 140000 AIR BAGS

Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 30-NOV-2002 Failure Mileage 1800 Failure Speed 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make N/A Tire Model (Name or Number) Tire Size (Example P215/65R15)

DOT No. (Example DOTR149ABC036) Original Equipment Prior Repair Failure Location:

Tire Component Code Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: N/A Date Manufactured: Model No./Name:

Seat Type: N/A Installation System:

Child Seat Component Code: Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Estimated Crash(es), and Injury(ies).)

Crash Yes No Fire Yes No Number of Persons Injured 2 Number of Deaths 0 Reported to Police YES

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE DRIVING AT 30 MPH, VEHICLE WAS IN A FRONTAL COLLISION AND NONE OF THE AIR BAGS DEPLOYED UPON IMPACT. THIS RESULTED IN INJURIES TO THE PASSENGER AND DRIVER.

VEHICLE DECLARED TOTAL LOSS NO REPAIRS PERFORMED.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

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.