



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 1374

Date Received
08-JAN-2003
OFFICE OF DEFECTS INVESTIGATION

Repository
Reference No.
10002322

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City CHATTANOOGA State TN Zip Code _____

Daytime Telephone Number _____
Evening Telephone Number _____
E-mail Address _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 02/03/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side
3GNFK16ZXX2G333263
Make CHEVROLET Model Year 2002
Date Purchased 07/23/02 Dealer's Name and Telephone Number NEMET MOTORS (718) 523-5858
Engine: No. Cylinders 8 Fuel Type: UNLEADED FUEL INJ.
Original Owner Dealer's City _____ State _____ Zip Code _____
Transmission Type AUTOMATIC 4 SPEED
 Antilock Brakes
 Cruise Control
Powertrain POWER WINDOWS
POWER DOOR LOCK
POWER STEERING
Vehicle Component Code 98000 OTHER
Multiple Failure: _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 08-05-02
Failure Mileage 1000
Failure Speed 55/HR

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/65R15) _____
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ Tire Failure Type _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model No./Name: _____
Seat Type: _____ Installation System: _____
Child Seat Component Code: _____ Failed Part: _____

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash Yes No Fire Yes No
Number of Persons Injured _____ Number of Deaths _____ Reported to Police N

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).

CONSUMER STATES THAT THERE IS NO DOOR AJAR WARNING SIGN, THE DOOR WAS AJARED WHILE DRIVING AND DOOR FLEW OPEN. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. TS

IF THE PASSENGER OR DRIVER SIDE DOORS (4 DOORS) IS AJAR THERE IS NO WARNING IN DASHBOARD. DOOR AJAR SIGN IS A STANDARD SAFETY FEATURE OFFERED IN EVERY OTHER VEHICLES. TOOK VEHICLE TO TWO DIFFERENT DEALERS FOR THIS ISSUE BOTH SAID IT IS NOT AVAILABLE IN THIS VEHICLE.

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.