



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 100161

Date Received

Repository

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12-MAY-2003

Reference # 45
10019660

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: BUTTE State: MT Zip Code: [Redacted]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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, provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 5/18/03

VEHICLE INFORMATION

Make: CHEVROLET Model: SUBURBAN Model Year: 2003
Date Purchased: 1-03 Dealer's Name and Telephone Number: Dea Motors
Original Owner: Dealer's City: Anacosta MT State: MT Zip Code: 57114
Transmission Type: Auto Engine: No. Cylinders: Fuel Type:
 Antilock Brakes Powertrain: 5.3L Vehicle Component Code: 152000 SEAT BELTS: REAR
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 5/03 Failure Mileage: 8,000 Failure Speed: N/A
Rear Drivers side seat belt

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: DOTMALSABC036) 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).

THE REAR SEAT BELT LOCKED AND HAD TO BE CUT TO RELEASE A CHILD FROM THE SEAT BELT. *JB

Child ~ 50# fell asleep in seat belt. When she awoke she wrapped the seat belt around her waist then released the lock. She was unable to remove the belt and pulled it all the way out (this she activated the child safety locking mechanism). At this point as she tried to let the belt go into the mechanism it continued to tighten around her waist. It became so tight that she stood up but the belt continued ratcheting in (it can't release in this position - a child safety seat mechanism).

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.

at this point I had to cut the belt to release her. I understand that this same problem can occur with obese people (ie seat belt extended to end cause locking).