



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 100079

Date Received
2003 SEP 12 AM 8:53
05-AUG-2003

Repository ☐

Reference No.
10032143

OWNER INFORMATION (Type or Print)

Name

Address

City
GRENADA

State MS

Zip Code

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?
In the absence of an authorized signature, you must provide your name or address to the vehicle manufacturer.
Signature of Owner ☒ YES ☒ NO
Date 8/21/03

VEHICLE INFORMATION

17 digit Vehicle Identification

Windshield on driver's side

Make

CHEVROLET

Model

VENTURE

Model Year

2001

Date Purchased

7-1-03

Dealer's Name and Telephone Number

GRENADA MOTORS 226-2116

Engine:

No: Cylinders

6

Fuel Type:

unleaded

Gas

Original Owner

Dealer's City

GRENADA

State

MS

Zip Code

38901

Transmission Type

Automatic

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Vehicle Component Code

171100 LATCHES/LOCKS/LINKAGES; DOORS; LATCH

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

05-AUG-2003

30-Jul-2003

Failure Mileage

21000 mi.

Failure Speed

-0-

door failed to stop with resistance

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/55R15)

DOT No. (Example: DOTNALSABC036)

☐ 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

-0-

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).

WHILE CLOSING THE SLIDING DOOR, IT BROKE. *AK

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 responses 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 responses, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Philadelphia, MS Wednesday, July 30, 2003 Around 3:00 PM at the Grocery store next to Williams Grocery. Husband got out of van to go to the office to have flat repaired. He washed his hands off with a bottle of water. As he was going to the office, I pulled the handle to open the door with my right hand and with my left hand I was going to give my husband the towel to dry his hands. The door came back to a point that I could not release it, and the resistance offered did not make it stop. I was still in my seatbelt and could not turn in such a way as to release my hand from the door handle. The door continued to open all the way. Due to the excessive force of the door opening, and its failure to stop with resistance, my arm was broken just above the wrist.

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S
QUESTIONNAIRE**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH2DOT

and dial toll free at

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1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



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Information: www.safercar.gov