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 1367

Date Received	Repository
2003 NOV 19 PM 12:22 21-OCT-2003	Reference No. 10044388

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City MEDINA State OH Zip Code		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an authorization, [redacted] your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/4/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCDE13S132182691	GMC	ENVOY	2003

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
10/30/02	[illegible]			6	GASOLINE
Original Owner ☒	Dealer's City MIDDLEBURG HTS	State OH	Zip Code 44130		

Transmission Type			Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control	Powertrain	151000 SEAT BELTS:FRONT Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
6/20/03	8028	0	SEAT BELT LOCKED IN PLACE AT PARK. CAN NOT USE. NUMEROUS DATES OF OCCURRENCE SINCE 6/20/03

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: DOTMALBABC038)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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).

DRIVER'S SIDE SEAT BELT IS INOPERATIVE. THE BELT CONTINUOUSLY STICKS IN ITS HOLSTER. DEALERSHIP REPLACED THE ENTIRE SEAT BELT SYSTEM, BUT THE PROBLEM STILL EXISTS. *AK

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