



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  
(1-888-327-4238) 2004 JAN 16 PM 2:06  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100184

Date Received: 01-NOV-2003  
Repository:   
Reference No.: 10046188

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: BROKEN ARROW State: OK Zip Code: [Redacted]

Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

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, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner: \_\_\_\_\_ Date: 1/1/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDX03E23 [Redacted]  
Make: CHEVROLET Model: VENTURE Model Year: 2003  
Date Purchased: 7/03/03 Dealer's Name and Telephone Number: Speedway Chevrolet (918) 258-8000  
Original Owner:  Dealer's City: Broken Arrow State: OK Zip Code: 74012  
Engine: 3.4 Liter No. Cylinders: 6 Fuel Type: Unleaded  
Transmission Type: Automatic  Antilock Brakes  Cruise Control  
Powertrain: \_\_\_\_\_ Vehicle Component Code: 163000 SEAT BELTS: INTEGRATED CHILD SEAT  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 01-NOV-2003 Failure Mileage: 7000 Failure Speed: 35

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/60R16): \_\_\_\_\_  
DOT No. (Example: DOTM123ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code: \_\_\_\_\_ Tire Failure Type: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: Chevy Venture  Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: Integrated child seat Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: Chest latch

**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: 4 Number of Deaths: 0 Reported to Police: Y

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 35 MPH ANOTHER VEHICLE COLLIDED WITH CONSUMER'S VEHICLE ON THE FRONT PASSENGER'S SIDE. THE CONSUMER'S CHILD WAS SEATED IN A CHILD SEAT THAT WAS BUILT INTO THE VEHICLE. THE FIVE POINT HARNESS THAT WAS RESTRAINING THE CHILD BECAME UNDONE. FOUR PERSONS WERE IN THE VEHICLE AT THE TIME OF THE COLLISION, AND THREE SUSTAINED MINOR INJURIES. \*AK  
Four

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.