Form Approved: O.M.B. No. 2127-

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY
Date Received: 10048189
Odi-or
rt-dt
od-rt
up-tr

OWNER INFORMATION (Type or Print)

[redacted]
STREET NO.
APT. NO.
Raleigh
CITY
North Carolina
STATE
ENTER ZIP CODE
ZIP CODE [redacted]
AREA CODE [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 and address to the vehicle manufacturer.
SIGNATURE OF OWNER [redacted]
10-22-03
DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of [redacted]): 1GNDX03E3YD [redacted]
VEHICLE MAKE: Chevrolet
VEHICLE MODEL: Venture
MANUFACTURE DATE: 0 a a 0 0 0
MODEL YEAR: a 0 0 0

VEHICLE MANUFACTURER
○ BMW ○ Ford ○ Honda ○ Nissan ○ Subaru ○ Volvo ○ Other
○ Daimler/Chrysler ● General Motors ○ Hyundai ○ Saab ○ Toyota ○ VW

PURCHASE DATE: 4-4-02 ○ New ● Used
DEALER'S NAME: Darryl Burke Chevrolet
CITY: Fuquay - Varina
STATE: NC
ZIP CODE: 27526

ENGINE SIZE (CID/CC/L): 3.4L
NO. CYLINDERS: 6
FUEL SYSTEM: ○ Turbo ● Fuel Injection
FUEL TYPE: ○ Diesel ● Gas
TRANSMISSION TYPE: ○ Manual ● Automatic
ANTILOCK BRAKES: ● Yes ○ No
RESTRAINT SYSTEM: ● Driverside Airbag ○ 2-Point Belt ● Passengerside Airbag ○ Motorbelt ○ 3-Point Belt
CRUISE CONTROL: ● Yes ○ No

DRIVETRAIN: ● Front ○ 4-Wheel ○ Rear
VEHICLE TYPE: ○ Car ○ Minivan ○ Truck ○ Other ○ Van ○ Sport Utility ○ Motorcycle
DOORS: ○ 2-Door ● 4-Door
BODY STYLE: ○ Hatchback ○ Sedan ● Pick Up Truck ○ Stationwagon

FAILED COMPONENT(S) / PART(S) INFORMATION

COMPONENT
○ Child Seat
○ Electrical Lights & Alarms
○ Engine & Cooling System
● Equipment
○ Fuel System, Exhaust
○ Heater, Defrost, Ventilation
○ Interior
○ Parking Brake
○ Power Train
○ Service Brakes
○ Steering
○ Structure
○ Suspension
○ Visual Systems
○ Other

NO. OF FAILURES: 01

INCIDENT DATE: 10-06-2003

MILEAGE AT INCIDENT: 62,800 (+/-)

VEHICLE SPEED AT INCIDENT: Parked

FAILED PART(S)
● Original
○ Replacement

To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters)

TIRE NAME

COMPLETE TIRE SIZE

TIRE BRAND
○ BF Goodrich
○ Cooper
○ Firestone
○ Goodyear
○ Kelly Springfield
○ Michelin
○ Yokohama
○ Other

HANDICAPPED ADAPTIVE: ○ Yes ● No

FAILED PART(S) AVAILABLE? ● Yes ○ No

NHTSA PREVIOUSLY CONTACTED? ○ Yes ● No

INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.

CRASH: ○ Yes ● No

FIRE: ○ Yes ● No

NUMBER OF PERSONS INJURED: 0

NUMBER OF FATALITIES: 0

CAUSE OF INCIDENT
○ Wear/Corroded/Rust
○ Weak/Poor Fit/Loose
○ Cut/Torn
○ Disconnect/Fell Off
● Erratic/Poor Performance
○ Excessive Effort
○ Noisy
○ Leaks
○ Short
○ Locks/Sticks/Grabs
○ Stability/Vibration
○ Broken

RESULT OF INCIDENT
○ Explosion/Fire
○ Loss of Control
○ Poor Visibility
○ Inadvertent Start
○ Rollover
○ Stalls
○ Sudden Acceleration

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

On Oct. 6, 2003, at approx. 2:20 pm, on a sunny day I parked my van in the driveway. My 3½ yr. old daughter, Raelynn, exited the van using the button for the power sliding door, passenger side. I was inside the van collecting belongings before getting my youngest daughter out and noticed Raelynn push the power button to close the door. As I was getting ready to exit the van I heard the sliding door close and Raelynn scream. I rushed out, walked to the passenger side, saw my daughter's hand completely closed in the door. I pushed the button on the door (reaching through the window)

Continue on additional page if necessary. continued.

Describe any additional incidents. (Include date and mileage)

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.

HS Form 350 (Rev. 8/99)

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

10/22/03 18:22 NC [illegible] 1334

BUSINESS REPLY MAIL
FIRST-CLASS MAIL 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, NSA-10.01
400 7th Street, SW
Washington, DC 20590

Complete and return or place in your car manual for future use

VEHI[...] OWNE[...] QUESTIONNA[...] (V[...]

DOT AUTO SAFETY HO[...]

TO REPORT VEHICLE SAFETY DEFE[...]
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-D[...]

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

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National Highway Traffic Safety Administration

www.nhtsa.dot.gov/hot[...]