



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 1368

Date Received

Repository

2004 MAR 17 11:47 AM 2009

Reference No.  
10051680

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: LAKE WORTH LK, HELEN State: FL Zip Code: [Redacted]

Daytime 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: [Redacted] Date: 3/3/09

VEHICLE INFORMATION

1GNDX03E02 [Redacted] Make: CHEVROLET Model: VENTURE Model Year: 2002  
Date Purchased: US\$ 2-003 Dealer's Name and Telephone Number: Lott - Matthew CHEV Engine: 3 YCR Fuel Type: GAS  
Original Owner:  Dealer's City: HAINES CITY, FL State: FL Zip Code: 6  
Transmission Type: Auto  Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 123000 EXTERIOR LIGHTING: TAIL LIGHTS  
 Cruise Control Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 19-NOV-2003 Failure Mileage: 29000 Failure Speed: 31000  
2-2004

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/65R15): [Redacted]  
DOT No. (Example: DOTM15ABC036)  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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: [Redacted] Number of Deaths: [Redacted] 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).

LEFT REAR TAIL LIGHT BULB MELTED INSIDE THE SOCKET, CAUSING THE TAIL LIGHTS TO FAIL. DEALERSHIP WAS NOTIFIED, BUT WAS UNABLE TO RESOLVE THE PROBLEM. AIR

R.R. TAIL LIGHT (STOP) WENT OUT AS NOTED ABOVE, IN FEB 04 - 31, 04  
DEALERSHIP WAS NOT TOLD OF PROBLEM - (100 MI. DRIVE TO GO FOR A LIGHT BULB) BUT PROB. IS SERIOUS.

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.