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

2004 FEB 26 AM 10:11

FOR AGENCY USE ONLY 100161	
Date Received 20-JAN-2004	Repository ☐
	Reference No. 10055416

OWNER INFORMATION (Type or Print)

Name [redacted]		Daytime Telephone Number [redacted]	E-mail Address
Address [redacted]		Evening Telephone Number	
City NORTH BEND	State OR	Zip 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 [redacted] or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 02/10/04 (RETURNED 02/11/2004

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
2G1WL54T3N1102626	CHEVROLET	LUMINA	1992

Date Purchased	Dealer's Name and Telephone Number		Engine: No. Cylinders	Fuel Type:
12/26/2003	MAIN STREET AUTO MART 541-756-0419		6	GAS
Original Owner ☒	Dealer's City 1893 SHERMAN AVE	State OR / Zip Code 97459		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control		151400 SEAT BELTS:FRONT:BUCKLE ASSEMBLY
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12/26/2003	104244	104244	Driver Side Seat Belt – Popped out – very dangerous

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: DOTMAL9ABC096)	☐ 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 SEAT BELT RELEASES FROM THE BUCKLE WHILE DRIVING, CAUSING THE DRIVER TO BE IMPROPERLY RESTRAINED. *AK

1) Photo Enclosed
2) DMV Registration Card – Returned to Dealer 02/11/2004 – per Finance Company – CREDIT Acceptance Corp P.O. Box 513 South Field, MI 48037 PH# 1-800-634-1504
3) Dealership Knew of this problem before the SALE!

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

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

I, [redacted] contacted the Dealership right away to this problem. They refuses to fix all the problems that this car HAS! The were very rude and condisending. Now I will have a bad credit Rating in regard to this Deal. If you have any questions Please Call me @ 1-541-751-0537. OR WRITE,

THANKS for your Time on this ISSUE

[redacted]

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT

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National Highway Traffic Safety Administration

OREGON

NOT REGISTERED BY DMV REGISTRATION

PLATE NUMBER	TITLE NUMBER	PROCESS DATE	EXPIRATION DATE	FUEL TYPE	EQUIPMENT NO.
[redacted]	[redacted]	012804		GASOLINE	

YEAR	MAKE	STYLE	MODEL	VEHICLE IDENTIFICATION NUMBER	WEIGHT/LENGTH
1992	CHEV	4D	LUM	2GIWL54T3N1102626	

OWNER/LESSEE

[redacted]

NORTH BEND OR [redacted]

NEW ADDRESS

ODOMETER READING	ODOMETER DATE

ODOMETER MESSAGE

NBND

COUNTY OF RESIDENCE: COOS

COUNTY OF USE

REGISTRATION CARD

This is your new registration card. It must be carried in your vehicle at all times. If this is a motor vehicle, you must carry proof of liability insurance (e.g., insurance card) in the vehicle at all times. The vehicle must be covered by liability insurance and you must continue to comply with financial responsibility requirements (e.g., insurance) for this vehicle until the registration expires or the vehicle is transferred.

If you sell this vehicle, complete the following information and return this card to DMV at the address below. Oregon law requires the seller to provide this information within 10 days from the date of sale.

BUYER'S NAME(S) [redacted] BUYER'S DATE OF BIRTH (month, day, year)

BUYER'S ADDRESS [redacted] CITY North Bend STATE OR DRIVER LICENSE OR ID CARD # (if any) [redacted]

BUYER'S SIGNATURE
X RETURNED →

DATE OF SALE 2/11/2024

This is not a release of interest. The title must be submitted to DMV for transfer. **DMV records will not reflect this change in ownership until the title is submitted for transfer to DMV.**

DMV Services
1905 Lana Avenue NE
Salem Oregon 97314-2340

If you move, notify DMV within 30 days by completing a change of address form. **Notice of change of address is required by law.** These forms are available at all DMV offices and on DMV's web site at: www.oregondmv.com.