



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 100147

Date Received

Repository ☐

22-APR-2004

Referral No. 31
10068864

OWNER INFORMATION (Type or Print)

Name

Address

City

EAST TAWAS

State

MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle?
In the absence of a signature or address to the vehicle manufacturer.
Signature of Owner ☒ YES ☐ NO
Date 5/29/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNDU09E9

Make

CHEVROLET

Model

VENTURE

Model Year

1998

Date Purchased

3/29/04

Dealer's Name and Telephone Number

PRIVATE SALE 2ND OWNER

Engine:

No. Cylinders

6

Fuel Type:

GASOLINE

Original Owner

☐ NO

Dealer's City

State

Zip Code

Transmission Type

4 SPEED
AUTOMATIC

☒ Antilock Brakes

☒ Cruise Control

Powertrain

6 CYLINDER V6

3.4 LITRE

Vehicle Component Code

015100 STEERING:HYDRAULIC POWER ASSIST:PUMP

Multiple Failures: 17

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

06-FEB-2004

Failure Mileage

38,000

Failure Speed

N/A

POWER STEERING PUMP OR RELATED PARTS

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: DOTM18ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

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).

WHEN TURNING THE STEERING WHEEL TOWARDS THE RIGHT OR LEFT STEERING WHEEL MADE A GRINDING NOISE. CONSUMER TOOK THE VEHICLE TO THE DEALERSHIP TO BE INSPECTED, AND MECHANIC DETERMINED THAT THE POWER STEERING PUMP FAILED. *AK

VEHICLE WAS DRIVEN FOR APPROXIMATELY 30 MILES AFTER THE FAILURE WAS NOTICED. THE VEHICLE WAS NOT DRIVEN FOR APPROXIMATELY 30 MILES AFTER THE FAILURE WAS NOTICED.

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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.

NOT REPAIRED YET AWAITING G.M. DECISION

BBB Decision