



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

FBI AGENCY USE ONLY 100079

Date Received: 2004 JUL -6 PM
01 JUN 2004
Repository:
Reference No.: 10075458

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: KNIGHTSTOWN State: IN 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 authorized agent, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.)
Signature of Owner: [REDACTED] Date: 6/17/04

VEHICLE INFORMATION

17-digit Vehicle Identification Number (located at bottom of vehicle on driver's side): 1GNDX13E53 [REDACTED]
Make: CHEVROLET Model: VENTURE Model Year: 2003
Date Purchased: 2-03 Dealer's Name and Telephone Number: DELLEN
Original Owner: Dealer's City: Greenfield State: IN Zip Code: [REDACTED]
Engine: [REDACTED] Fuel Type: Gas
Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 162300 STRUCTURE BODY DOOR
Multiple Failures: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01 JUN 2004
Failure Mileage: [REDACTED]
Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] The Model (Name or Number): [REDACTED] Tire Size (Example P215/85R15): [REDACTED]
DOT No. (Example: DOT3M1BABC036) 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: 1
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).

CONSUMER COMPLAINED ABOUT THE PASSENGER SLIDING DOOR, WHILE VEHICLE WAS PARKED THE SLIDING DOOR CLOSED UNEXPECTEDLY AND SCARED A PASSENGER. *AK
THE VEHICLE WAS PARKED, THE PASSENGER WAS SEATED NEXT TO SLIDING DOOR. AS THE PERSON OPENED THE DOOR THEIR WRIST HUNG ON THE INSIDE HANDLE AND BROKE THE WRIST.

Include, if available: Police/Fire Department Report, Photos, and Repair
ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974 - Public Law 93-578 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 factual summary thereof, may be used in support of the agency's action.