



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 100222

Date Received

Repository

01-JUL-2004

Reference No. 10000278

4-50

OWNER INFORMATION (Type or Print)

Name

Address

City

SAN BERNARDINO

State

CA

Zip Code

Number

E-mail Address

Evening Telephone Number

Do you authorize the manufacturer of your vehicle?
In the absence of a signature of owner

Signature of Owner

Date 7/13/04

VEHICLE INFORMATION

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

1GNDM19W4NB

Make

CHEVROLET

Model

ASTRO

Model Year

1993

Date Purchased

May 2004

Dealer's Name and Telephone Number

Quisada Sales

Engine

Ng, Cylinders

Fuel Type

Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type

Antilock Brakes

Cruise Control

Powertrain

FRONT WHEEL DRIVE

Vehicle Component Code

151300 SEAT BELTS:FRONT:RETRACTOR

Multiple Failures: 10

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

27-JUN-2004

Failure Mileage

131000

Failure Speed

65 MPH

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/GSR15)

DOT No. (Example: DOTM19ABC036)

Original Equipment

Prior Repair

Failure Location:

Tire Component Code

The 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

0

0

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).

THE FRONT PASSENGER AND DRIVER SEAT BELT RETRACTOR DID NOT ACCOMMODATE OBESE INDIVIDUALS. THE RETRACTOR DID NOT REACH THE LATCH. THE CONSUMER WAS INFORMED THAT EXTENSIONS WERE AVAILABLE. *JB

ME MYSELF AM NOT OBESE. I AM 5'9", 200 LBS, AND THE SEAT BELT IS 6" TO SHORT. MY ROOMMATE IS OBESE 5'6" 290 LBS AND THE SEAT BELTS BOTH FRONT SEATS ARE MORE THAN 6" SHORT.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974 (Public Law 93-502) 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. The NHTSA may share 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.

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

Multiple horizontal lines for writing the narrative description of the incident.

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



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TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

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DOT Auto Safety Hotline (DASH) 2 DOT



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