



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

31-AUG-2004

Reference No.
10090122

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CHOUDRANT State LA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

Evening Telephone Number

SAME

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 9.17.04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
JS3TY92V144 [REDACTED] Make CHEVROLET Model VENTURE Model Year 2004
SUZUKI
Date Purchased 2/27/04 Dealer's Name and Telephone Number Cooper Jeep Suzuki Engine: No. Cylinders 6 Fuel Type: UNLEAD
Original Owner Dealer's City MOHRG State Zip Code
Transmission Type Antilock Brakes Powertrain Vehicle Component Code 123000 EXTERIOR LIGHTING:TAIL LIGHTS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 16-JUL-2004 Failure Mileage 4500 Failure Speed NOT KNOWN

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: DOTMALBABC036) Original Equipment Failure Location:
 Prior Repair
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), condition, 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).

WHILE DRIVING TAIL LIGHTS FAILED INTERMITTENTLY. DEALERSHIP WAS NOTIFIED, BUT DID NOT RESOLVE THE PROBLEM. *AK

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.

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

NO CRASH OR INJURY! Just a Ticket FRV 144.00

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

1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov/odiv>

DATE

9861 C

RECEIVED

OF

ADDRESS

ACCT. NO.

CASH

MONEY ORDER

CHECK

DRAFT

CITY OF GRAMBLING
GRAMBLING, LOUISIANA 71245

BY

Thank You

One hundred forty four DOLLARS \$ *144.00*
retail light

028457

LOUISIANA INITIAL REPORT / COMPLAINT AFFIDAVIT

State of Louisiana
Parish of LEBLANC
SHERIFF'S POLICE DEPT.
P.O. NO. 20

NE 028457

SUMMONS

Parish of LEBLANC, LA STATE vs W. City Court

The undersigned being duly sworn upon his oath deposes and says
on the 30 day of 8 2004 at 9:00 Hrs.

Name [REDACTED]

City Choudrount State LA Parish [REDACTED]

DOB 04-02-85 Occupation _____

Employer _____ City/State _____

Height 5'9 in. Weight 160 lbs. Eyes BRN Hair BRN Age _____

Dr. Lic. No. _____ Class E [REDACTED] POKED UP FOR BOND COL

Hazardous Materials Endorsement

License Operator Motor Veh. KCZ5K5 State LA

Manufacturer SUZUKI Body Type ATV Color GRN

Commercial Motor Vehicle
VIN No. J55T103V144 [REDACTED]

Upon a Public Highway (Location) SOUTH PINE TREE

MP # _____
Described the Following Offense: NO REAR LIGHTS

Speeding: _____ MPH in a _____ MPH Zone 11

Other Violations (Describe) _____

JUVENILE ACCIDENT PD PI FATAL COMPACT STATE

The undersigned further states that he has read and measurable grounds to believe and does believe that the person named herein committed the offense herein set forth, contrary to law of the State of Louisiana. It shall seem made and proved and against the peace and dignity of the state.

[Signature] 11

Subscribed and Sworn to before me this 30 day of 8-04 DATA NO. _____

NOTARY OR BLOFFICE NOTARY

Court Appearance

Date 11-27-04 Time 1:30 Pm 0000 2004-0000

FORWARDED OUT STATE

I understand the terms and conditions of this citation and promise to appear at the time and place shown above. Failure to appear will be cause for the suspension of my driving privileges and the imposition of an additional fee under the Louisiana Department of Public Safety.

Signed by [Signature]

THIS SIGNATURE IS NOT AN ADMISSION OF GUILTY

NAME
Last
First
Middle Initial