



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 241

Date Received

2004 OCT 15  
18-SEP-2004

Repository

Reference No.: 45  
10092492

OWNER INFORMATION (Type or Print)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City CLIFTON PARK State NY Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Evening Telephone Number \_\_\_\_\_

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 include your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 10/02/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GNEL19W7Y8 Make CHEVROLET Model ASTRO Passenger Van Model Year 2000

Date Purchased  
13-AUG-02

Dealer's Name and Telephone Number  
Grendon's Truck Ctr. (518) 274-7240

Engine:  
No. Cylinders 6

Fuel Type:  
Gas

Original Owner

Dealer's City State Zip Code  
Tray NY 12180

Transmission Type AUTOMATIC  
 Antilock Brakes  
 Cruise Control  
Powertrain  
WHEELDRIVE AWD

Vehicle Component Code  
151000 SEAT BELTS:FRONT Belt Buckle  
Multiple Failure: YES!

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 20-APR-2004 Failure Mileage 22733 Failure Speed N/A  
Driver's side seat belt buckle pops open more than once a day. Not covered by 31795 extended warranty. Safety Defect

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: DOT1MAL8ABC036)  Original Equipment  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 0 Number of Deaths 0 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).

DRIVER SEAT BELT WILL COME UNDONE WHILE DRIVING. THE DEALER WAS NOTIFIED. DEALER INFORMED THE CONSUMER THAT THE PART WAS NOT COVERED UNDER THE MANUFACTURER WARRANTY. PROVIDE ANY FURTHER INFORMATION. \*JB

Extended Warranty

GMC Warranty people gave me Chevrolet tel. No., Chevy people gave me a claim No. 1-252202453 (took no information), connected me back to warranty people who said Chevrolet was giving me the shuffle.

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.

(Attachments)

Cher. Tel #  
1-800-631-5590

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

Seat belt buckle started failing a little after 40 hrs miles & just kept getting worse.

P.S. When someone is ejected from CMC Van, SUV's Pickups, etc., does accident report always assume driver did wear his belt at time of accident?

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 78178 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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DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM ON

DASH2DOT

and dial toll free at

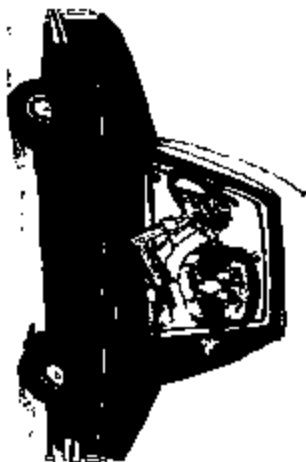
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**THE ATTACHMENTS TO THIS  
DOCUMENT HAVE BEEN REMOVED  
TO PROTECT UNWARRANTED  
INVASION OF PERSONAL PRIVACY  
PURSUANT TO EXEMPTION 6 OF  
THE FREEDOM OF INFORMATION  
ACT (FOIA), 5 U.S.C. 552(b)(6).**