



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 1367

Date Received

2004 NOV 15
21-OCT-2004

Repository ☐

71-5-02
Reference No.
10097405

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City FARMINGTON State MN Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

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 provide your name or address to the vehicle manufacturer.

Signature of Owner _____ Date 11/5/04

VEHICLE INFORMATION

1/ digit vehicle Identification Number Located at bottom of windshield on driver's side
1GNDU06L2P1 [REDACTED] Make CHEVROLET Model LUMINA APV Model Year 1993
Date Purchased _____ Dealer's Name and Telephone Number _____ Engine: _____ Fuel Type: _____
Original Owner ☐ Dealer's City _____ State _____ Zip Code _____ No: Cylinders _____
Transmission Type ☐ Antilock Brakes Powertrain _____ Vehicle Component Code 152000 SEAT BELTS: REAR
☐ Cruise Control Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-OCT-2003 Failure Mileage 130000 Failure Speed _____

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: DOTM19ABC035) ☐ 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).

THE MIDDLE PASSENGER SEAT BELT FAILED TO RETRACT WHEN RELEASE. IT STAYED IN THE RELEASE POSITION. THERE WAS A RECALL ON THIS ISSUE BUT THE DEALERSHIP WAS UNABLE TO TELL IF THE RECALL APPLIED TO THE CONSUMER VEHICLE IDENTIFICATION NUMBER BECAUSE THE RECALL WAS 10 YEARS OLD. *JB

ALSO THE FRONT PASSENGER SEAT BELT FAILED TO RETRACT.

THE ABOVE STATEMENT IS TRUE. 11/5/04 [REDACTED]

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

ATTACH ADDITION

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.