



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 100145

Date Received
2004 DEC 21 AM
23-NOV-2004

Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name
Address
City STRYKERSVILLE State NY Zip Code

Daytime Telephone Number E-mail Address
Evening Telephone Number
S.O.C.M.E.

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner *[Signature]* Date 12/16/04 YES NO

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1G1LW15M1R1
Make CHEVROLET Model BERETTA Model Year 1994
Date Purchased 7/04 Dealer's Name and Telephone Number
Original Owner Dealer's City State Zip Code
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain
Vehicle Component Code Z20000 SEATS Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 12-AUG-2004 Failure Mileage 102000 Failure Speed NA
X 2 DOOR MODELS INCLUDING THIS ONE HAD DEFECTIVE SEAT LATCH (BACK OF FRONT SEAT) & 3RD BRAKE LIGHT ASSEMBLY. BRAKE LIGHT & WIRE TRAIL ARE OK

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make The Model (Name or Number) Tire Size (Example P215/65R15)
DOT No. (Example: DOTM1A9A8C0361) 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 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. List parts repaired or replaced (and if old part is available).

1) THE FRONT SEAT RELEASE LATCH DID NOT LOCK INTO PLACE. PLEASE PROVIDE ADDITIONAL INFORMATION. *JB

1) SEAT
MAYBE SPRING FAULT
IF CAR STOPS SUDDENLY SEAT CAN
PROPER FORWARD - PROTECTS PASSENGER
IN THIS MODEL
2) BERETTA SPACER 3 BRAKE LIGHT ASSEMBLY
UNDERMOUNT MELTS AND CRACKS
ELECTRICAL STRAPS ROT - BULBS BLOW OR DON'T FUNCTION

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. 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.

POSITIVE NOISE IN SPACER