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 ☐
30-NOV-2004	Reference No.
2004 DEC 21	10101864

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: PIQUA	State: OH	Zip Code:	

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 12/9/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at Bottom of windshield on driver's side	Make	Model	Model Year
1GNDX03E4Y	CHEVROLET	VENTURE	2000

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
8-3-2000	JIM BURGER CHEVROLET 419-629-3212		Gas

Original Owner	Dealer's City	State	Zip Code
☒	NEW BREMEN, OHIO	OH.	45869

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	182300 STRUCTURE:BODY:DOOR Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
29-NOV-2004	95950	

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: DOTMALSABC038)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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'S SIDE REAR SLIDING DOOR CAME OFF AS THE VALET WAS PULLING THE VEHICLE INTO THE PARKING AREA. MANUFACTURER HAD NOT MADE CONTACT WITH THE CONSUMER. *AK

MFG. HAS BEEN NOTIFIED, GIVEN A FILE NUMBER & HAS MADE NO ATTEMPTS TO RECTIFY SITUATION. PROMISES OF RETURN CALLS HAVE NOT MATERIALIZED - AS OF YET.
(GM FILE# 1-283933112

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY