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 100248

Date Received: 05 JAN -5 PM 11:50

Repository ☐

07-DEC-2004

Reference No. 10103243

OWNER INFORMATION (Type or Print)

Name [redacted]

Address [redacted]

City BALTIMORE | State MD | Zip Code [redacted]

Daytime Telephone Number [redacted] | E-mail Address

Evening Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an [redacted] *your name or address to the vehicle manufacturer.*

Signature of Owner [redacted] Date 12/31/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
2G1WL52J8Y1[redacted]	CHEVROLET	LUMINA	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
11/8/02	Joe Chevrolet Inc	866 815 3654		No. Cylinders 8	Gas
Original Owner ☐	Dealer's City Baltimore	State MD	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☐ Cruise Control	FRONT WHEEL DRIVE	103400 POWER TRAIN:AUTOMATIC TRANSMISSION:LEVER AND LIN
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
05-DEC-2004	56799	10

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: DOTMAL9ABC036)	☐ 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	0	0	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 LEVER USED TO CHANGE GEARS BROKE OFF UNEXPECTEDLY WHEN CONSUMER WAS PUTTING VEHICLE IN PARK. TAKEN TO A MECHANIC FOR REPAIRS. AND TWO NEW PARTS AND SWITCH WERE INSTALLED IN ORDER TO CHANGE GEARS.*AK

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