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 100216

Date Received	Repository
12 DEC-2004	
	Reference No. 10103634

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City WHITE LAKE	State MI	Zip Code	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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNDU06E3VD	CHEVROLET	VENTURE	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1	LUNGHAMMER CHEV.			No. Cylinders 6	
Original Owner ☐	Dealer's City WATERFORD	State MI.	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain	141000 AIR BAGS:FRONTAL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2004			

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).

WHILE THE VEHICLE WAS PARKED CONSUMER NOTICED THAT THE SRS LIGHT APPEARED ON THE DASHBOARD AND REMAINED ON. THIS CAUSED THE HORN TO BECOME INOPERATIVE. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION. *AK

THE VEHICLE WAS RECALLED FOR ~~AN~~ RAC AND PINION REPLACEMENT AFTER IT WAS REPLACED THE AIRBAG LIGHT CAME ON AND COULDN'T BE RESET THE SENCOR UNIT SHORTED OUT AND BURNED ALL MY TAIL LIGHTS OUT .I HAVE TALKED TO SEVERAL PEOPLE WHO HAVE THE SAME PROBLEM. I'M 68 YEARS OLD AND WAS TOLD THE CAR COULDN'T BE DRIVEN WITHOUT THE AIRBAG'SBEING USED IN WHITCH CASE THEY WERE WRONG.
OVER PLEASE

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

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

I USE MY SEAT BELTS ALL THE TIME .
I DRIVE ABOUT 3000 MILES PER WEEK AS A DELIVERY PERSON FOR A FURNACE COMPANY AND ALWAYS USE MY SEAT BELTS.

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 73173 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

VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

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1-888-327-4236

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(DASH) 2 DOT

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