



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 ☐

2015 11/11/2004 12 DEC 2004

Reference No.
10103634

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WHITE LAKE State MI Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 1/1/

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

Model

Model Year

1GNDU06E3V0 [REDACTED]

CHEVROLET

VENTURE

1997

Date Purchased

Dealer's Name and Telephone Number

Engine:

Fuel Type:

LUNGHAMMER CHEV.

No. Cylinders 6

Original Owner

Dealer's City

State

Zip Code

WATERFORD

MI.

Transmission Type

☒ Antilock Brakes

Powertrain

Vehicle Component Code

AUTOMATIC

☒ Cruise Control

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 Model

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM4SABC036)

☐ Original Equipment

Failure Location:

☐ Prior Repair

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 ~~XXXX~~ 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'SBEEING 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

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.

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

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

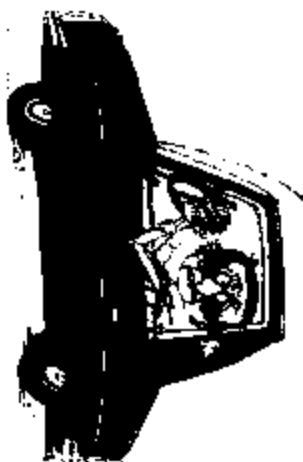
DASH2DOT

and dial toll free at

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