



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
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received

2005 JAN 24
28-DEC-2004

Repository

Reference No.
100145384

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City SOUTH PLAINFIELD State NJ 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 1GNDX03E43D [REDACTED]		Make CHEVROLET	Model VENTURE	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 21-NOV-2004	Failure Mileage 17000	Failure Speed	
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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: DOTM15ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N
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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).

WHEN OPENING THE POWER DOOR THE PASSENGERS WRIST BECAME CAUGHT IN THE HANDLE. AS A RESULT HER RIGHT WRIST WAS BROKEN. PLEASE PROVIDE ADDITIONAL INFORMATION. *JB

My wife [REDACTED] and myself were returning to my house after a family function. It was after 9:00 PM and it was dark. I asked my wife to open the Power rear door to let [REDACTED] out, we did not realize that [REDACTED] had her hand on the rear door handle as the door opened [REDACTED] complained that the door caught her hand and it bothered her. We applied ice to her wrist and we retired for the evening. The next day [REDACTED] still had a problem with her wrist so we took her to Rahway Hospital where they Xrayed her wrist and found it to be broken. They set her wrist and she returned to her home in Texas for further treatment. We thought that this was a freak accident until we read about the proposed recall and then I notified both you and Chevrolet

Include
The Privacy
Statement
should be
on a separate
page.

ESARY

www