



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 100247

Date Received

2005 JAN 15
21-JAN-2005

Repository

Reference No.
10108658

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CHICAGO State: IL Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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: [REDACTED] Date: 02/28/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDX13E02E [REDACTED]
Make: CHEVROLET Model: VENTURE Model Year: 2002

Date Purchased: 06/10/02 Dealer's Name and Telephone Number: BREDEMANN CHEV, INC. 847-698-1234
Original Owner: Dealer's City: PARK RIDGE State: IL Zip Code: 60068 Engine: 6 No. Cylinders: 6 Fuel Type: GAS

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: [REDACTED] Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 13-JAN-2005 Failure Mileage: 28,000 Failure Speed: 15

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTHAL9ABC036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
The Component Code: [REDACTED] The Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es) and injury(ies).)

Crash: Yes No Fire: Yes No
Number of Persons Injured: 0 Number of Deaths: 0 Reported to Police: 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 DRIVING APPROXIMATELY 15 MPH BRAKES FAILED. WHILE APPLYING THE BRAKE PEDAL WENT TO FLOOR. WAS ABLE TO AVOID ACCIDENT BY PULLING INTO A PARKING LOT. WHEN TURNING THE CAR OFF THEN BACK ON, BRAKE FAILURE LIGHT COMES ON. *NM

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.