



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 100222

Date Received: 14-MAR-2006  
Repository:   
Reference No: 50  
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**OWNER INFORMATION (Type or Print)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: SAN ANGELO State: TX Zip Code: \_\_\_\_\_  
Daytime Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Evening Telephone Number: \_\_\_\_\_

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an authorization, NHTSA will not contact the manufacturer.  
Signature of Owner: \_\_\_\_\_  YES  NO  
Date: 4/23/05

**VEHICLE INFORMATION**

17 digit vehicle identification number located at bottom of windshield on driver's side: KLATB226X1B  
Make: DAEWOO Model: LANOS Model Year: 2001  
Date Purchased: 3/2002 Dealer's Name and Telephone Number: AA-American Chevrolet  
Original Owner:  Dealer's City: San Angelo State: TX Zip Code: 76904  
Engine: No. Cylinders: 4  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: FRONT WHEEL DRIVE  
Vehicle Component Code: 141000 AIR BAGS:FRONTAL  
Multiple Failure: 2

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 14-MAR-2005 Failure Mileage: 37000 Failure Speed: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

The Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: DOTM1A9ABC038): \_\_\_\_\_  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: \_\_\_\_\_ Failure Part: \_\_\_\_\_

**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: \_\_\_\_\_ Number of Deaths: \_\_\_\_\_ 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).

CONSUMER RECEIVED RECALL 02V131001 FOR AIR BAGS, AND TO DATE HAS NOT BEEN ABLE TO FIND A DEALER IN THE AREA TO DO THE REPAIRS. \*AK

also, front passenger safety belt is defective - it does not extend + retract properly resulting in sometimes a very tight + uncomfortable fit. Also I am fearful, that should an accident occur, the seatbelt will malfunction + cause serious injury.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices.

ATTACH ANY ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974, Public Law 93-502. 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 of the National Highway Traffic Safety Act, your response, or a statistical summary thereof, may be used in support of the agency's action.