

 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire</b> To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 700148 Date Received 2005 SEP 29 AM 4:07 27-MAY-2005		Repository <input type="checkbox"/> Reference No. 10122487	
		OWNER INFORMATION (Type or Print)		Dealer Telephone Number [REDACTED]		E-mail Address [REDACTED]	
Name [REDACTED]		Address [REDACTED]		Evening Telephone Number [REDACTED]			
City GLOUCESTER		State MA		Zip Code [REDACTED]			
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorized agent, please provide the manufacturer's name or address to the vehicle manufacturer.							
Signature of Owner [REDACTED]		Date 9/29/05		<input checked="" type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
<b>VEHICLE INFORMATION</b>							
17 digit Vehicle Identification Number Located at base of windshield on driver's side 5Y2SL6[REDACTED]				Make PONTIAC		Model VIBE	Model Year 2004
Date Purchased 16-APR-04		Dealer's Name and Telephone Number DANVERS CHEVROLET PONTICA			Engine: No. Cylinders 4		Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>		Dealer's City DANVERS		State MA	Zip Code 01923		
Transmission Type AUTOMATIC		<input checked="" type="checkbox"/> Antilock Brakes	<input checked="" type="checkbox"/> Cruise Control	Powertrain UNKNOWN		Vehicle Component Code 152000 SEAT BELTS: REAR	
						Multiple Failure: 1	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>							
Incident Date(s) 27-MAY-2005		Failure Mileage 27700		Failure Speed 0			
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>							
Tire Make			Tire Model (Name or Number)			Tire Size (Example P215/B5R15)	
DOT No. (Example: DOTM1ABBC038)			<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair		Failure Location:		
Tire Component Code					Tire Failure Type		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>							
Make:		Date Manufactured:		Model No./Name:			
Seat Type:		Installation System:					
Child Seat Component Code:				Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> <i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies)).</i>							
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).							
DT: THE RIGHT HAND REAR PASSENGER SEAT BELT TWISTED AROUND CHILD'S ABDOMEN AND WOULD NOT RELEASE. EVERY TIME THE CHILD MOVED IT CLICKED TIGHTER. THE CHILD HAD TO BE CUT OUT OF THE SEAT BELT. THERE WERE NO PROBLEMS WITH THE SEAT BELT BEFORE. *AK							
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 this agency's action.							