



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 100148

Date Received	Repository <input type="checkbox"/>
27-JUL-2005	Reference No. 10130285

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City DANVILLE	State NY	Zip Code

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 8/10/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of dashboard or driver's door	Make CHEVROLET	Model VENTURE	Model Year 2001
Date Purchased 11-DEC-03	Dealer's Name and Telephone Number JOSEPH NERI CHEVROLET/OLDS		Engine: No. Cylinders 6
Original Owner <input checked="" type="checkbox"/>	Dealer's City LAKEVILLE	State NY	Fuel Type: Gas
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 171100 LATCHES/LOCKS/LINKAGES:DOORS:LATCH
Multiple Failures: 1			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 27-JUL-2005	Failure Mileage	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: DOTM12ABC036)	<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

(Check one in last two columns: Failure(s), Crash(es), and Injury(es).)

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
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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: CONTACT STATED WHEN PUSHING THE BUTTON ON THE AUTOMATIC SLIDING DOOR TO SHUT IT DOOR DID NOT SHUT. IT REOPENED. HAD THIS PROBLEM FOR A LONG TIME. CALLER HAS NOT TALKED TO A DEALER ABOUT THE PROBLEM. THE BUTTON FOR THE POWER WINDOWS DID NOT WORK ALL OF THE TIME. SHE RECEIVED A RECALL NOTICE FOR A 1999 MODEL REGARDING THE SLIDING DOORS. THERE WAS NO RECALL NUMBER AVAILABLE. SHE NO LONGER HAS THE 1999 VEHICLE. WAS CALLING TO COMPLAIN THAT SHE WAS HAVING THE SAME PROBLEM WITH HER 2001 MODEL AND SHE HAS NOT RECEIVED A RECALL LETTER. *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 the agency's action.