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: 31-AUG-2005 (2005 SEP 29 PM 4:07)
Repository ☐
Reference No.: 10134952

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: SACO | State: ME | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [redacted]

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 / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNDX0[redacted]	CHEVROLET	VENTURE	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-FEB-00	Forest City of Chevrolet (207) 774-5971			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: Portland	State: ME	Zip Code: 04102		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	203000 WHEELS:LUGS/NUTS/BOLTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
29-AUG-2005	99300	60

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: DOTMA1BABC036)	☐ 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:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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: WHILE DRIVING AT 60 TO 70 MPH, THE WHEEL STUDS SNAPPED IN HALF. THIS RESULTED IN THE WHEEL ASSEMBLY COMING APART. THERE WAS A LOSS OF VEHICLE CONTROL BUT NO ACCIDENT OCCURRED. THE VEHICLE WAS TOWED, AND PARTS WERE REPLACED. THE WHEEL ASSEMBLY CAME APART BECAUSE FOUR OF THE FIVE STUDS BROKE. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY