



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-OCT-2005

Repetitive ☐

31-OCT-2005

Reference No.
10141331

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: RIVERVIEW State: FL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]

Evening Telephone Number: [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 owner's signature, the signature of the owner or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 11/10/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GAD51 [REDACTED]
Make: GMC Model: ENVOY Model Year: 2003
Date Purchased: 02-MAY-03 Dealer's Name and Telephone Number: COURTESY PONTIAC GMC 813-620-8550
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: ☒ Dealer's City: TAMPA State: FL Zip Code: 33619
Transmission Type: ☒ Automatic Antilock Brakes: ☒ Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 152000 SEAT BELTS: REAR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 28-SEP-2005 Failure Mileage: [REDACTED] Failure Speed: [REDACTED]
NEVER USED CENTER SEAT BELT 00020

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: DOT M159ABC036): [REDACTED] ☐ Original Equipment ☐ Prior Repair Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire 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: [REDACTED] Number of Deaths: [REDACTED] 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 CONTACT STATED WHEN HE TRIED TO PULL THE REAR CENTER SEAT BELT IT ONLY CAME OUT ABOUT THREE INCHES AND STOPPED. THE VEHICLE WAS TAKEN TO THE DEALERSHIP TO BE REPAIRED. THEY REPLACED THE ENTIRE SEAT BELT ASSEMBLY. HE NOTICED THE PROBLEM A COUPLE OF WEEKS AGO WHEN HE WAS TRYING TO MOVE A CHILD SAFETY SEAT OVER. GM STATED THE WARRANTY DID NOT COVER SEAT BELTS AND THERE WAS NO RECALL, BUT THEY MAY REIMBURSE HIM FOR THE SEAT BELT. *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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

REAR CENTER SEAT BELT P/N# 88950971

I HAVE THE OLD SEAT BELT. IF YOU NEED IT TO CHECK IT
OUT, THAT IS THE ONLY WAY TO SEE THE WHAT IS WRONG
WITH IT

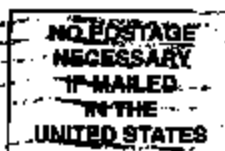
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

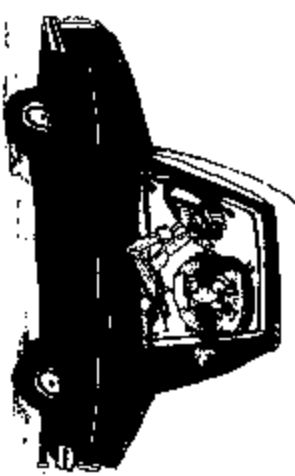
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**