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
2005 DEC 27 PM 2:43 23-NOV-2005	
	Reference No. 10143544

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address				
City HAMLIN	State NY	Zip Cod	Evening Telephone Number	

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
1GNDX03EXYD	CHEVROLET	VENTURE	2000

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
03-JUL-03	SPUR CHEVROLET			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City BROCKPORT	State NY	Zip Code 14420		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	FRONT WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
12-NOV-2005	90000	10	ABS BRAKES

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: DOTMAL9ABC036)	☐ 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	0	0	Y

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 THE ABS BRAKES ACTIVATED AT LOW SPEEDS. THE ABS ENGAGED WHEN HE APPROACHED A STOP SIGN WHICH RESULTED IN EXTENDED STOPPING DISTANCE. THEN, THE CONTACT'S VEHICLE STRUCK ANOTHER VEHICLE, CAUSING A REAR END COLLISION. THE POLICE ARRIVED ON THE SCENE BUT NO INJURIES WERE SUSTAINED. THE VEHICLE IS CURRENTLY AT THE DEALER FOR REPAIRS. *AK

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