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 JAN 25 AM 9: 01	☐
28-NOV-2005	Reference No. 10143819

OWNER INFORMATION (Type or Print)

Name				Daytime Telephone Number	E-mail Address
Address [redacted]				Evening Telephone Number	
City CAROLINA	State PR	Zip Code [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 release your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 01/20/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
KL1TG62674[redacted] KL1TG6267[redacted]	CHEVROLET	AVEO	2005

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
16-OCT-04	ALBERIC COLON 787-793-2222			No. Cylinders 4	Gas
Original Owner ☒	Dealer's City PUERTO NUEVO	State PR	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	REAR WHEEL DRIVE	141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
16-NOV-2005		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: DOTMALBABC036)	☐ 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 separately describe each incident, if more than one.)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		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 WHILE IN A FRONT END COLLISION THE AIRBAGS DID NOT DEPLOY. THE CONTACT WAS DRIVING 50 MPH AND WENT UNDER A TRUCK. MOST OF THE IMPACT WAS TO THE HOOD, ROOF TOP, AND WINDSHIELD. THE STEERING WHEEL WAS COMPLETELY DAMAGED. THERE WAS NO SUBSTANTIAL DAMAGE TO THE BUMPER. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE , AND HAS NOT BEEN INSPECTED OR REPAIRED. A POLICE REPORT WAS TAKEN. THE CONTACT SUSTAINED INJURIES. THE NOSE WAS FRACTURED, LEFT EYEBALL WENT OUT OF ORBIT, AND THE CHEEK BONE WAS CRUSHED. HE HAD TO HAVE RECONSTRUCTIVE SURGERY TO HIS FACE. THE MANUFACTURER STATED ALL THREE SENSORS HAVE TO BE HIT SIMULTANEOUSLY FOR THE AIRBAGS TO DEPLOY. *AK

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