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 ☐
19-OCT-2006	Reference No. 10171335

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number [redacted]	
City FAYETTEVILLE	State NC	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 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
1GNDX03E8XD[redacted]	CHEVROLET	VENTURE	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
19-OCT-04	RAYFORD ROW AUTO			No: Cylinders 6	Gas
Original Owner ☐	Dealer's City FAYETTEVILLE	State NC	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	4 WHEEL DRIVE	140000 AIR BAGS
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-OCT-2006	85000	45

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

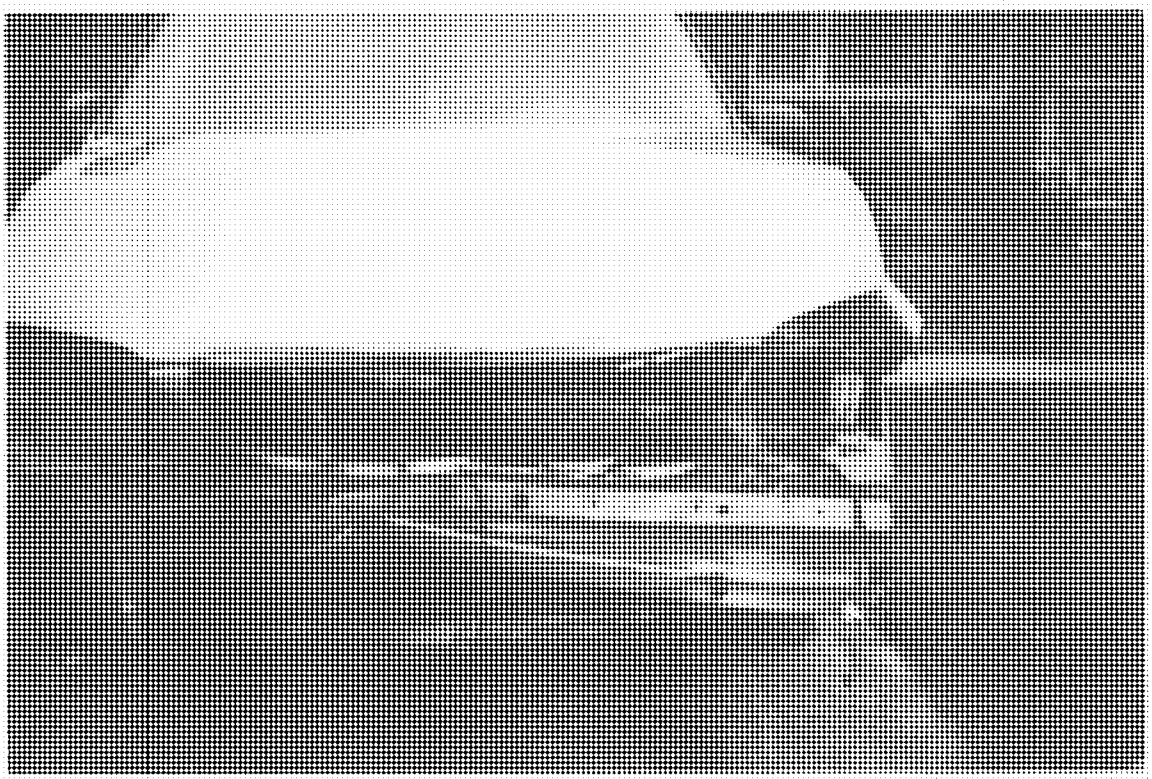
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

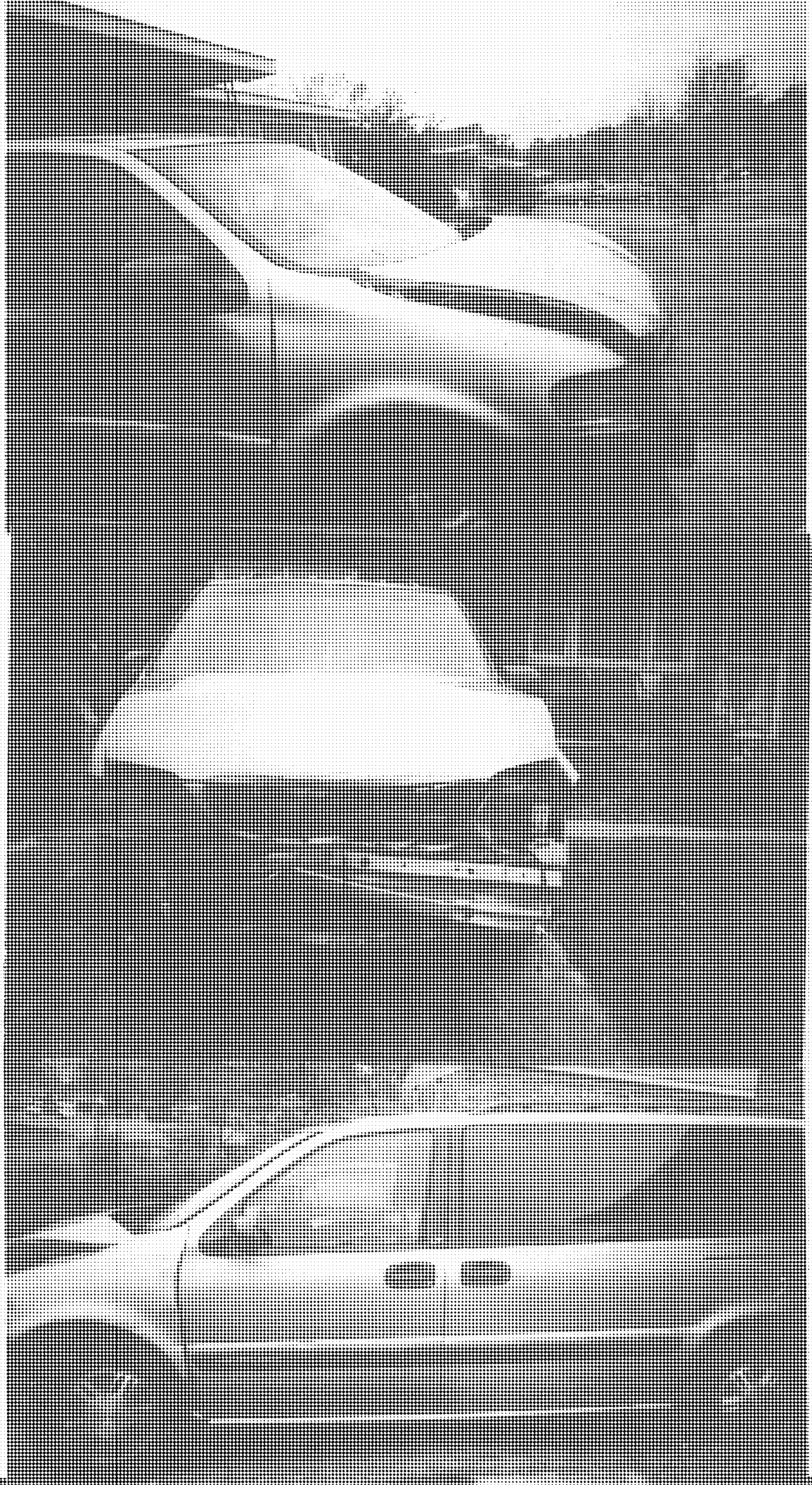
Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		Y

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 STOPPED AT A STOP LIGHT DURING WET ROAD CONDITIONS, THE VEHICLE WAS IMPACTED ON THE FRONT DRIVER SIDE BY ANOTHER VEHICLE TRAVELING 45 MPH. THE CONTACT'S VEHICLE WAS PUSHED INTO ONCOMING TRAFFIC AND COLLIDED WITH 3 OTHER VEHICLES CAUSING DAMAGE TO THE WHOLE FRONT END AND FRONT PASSENGER DOOR. NONE OF THE AIRBAGS DEPLOYED, AND THE CONTACT SUSTAINED INJURIES TO THE LEG, SHOULDER, AND CHEST. THE SEATBELT WAS WORN, AND THE AIRBAG WARNING LIGHT WAS NOT ILLUMINATED PRIOR TO THE INCIDENT. A POLICE REPORT WAS TAKEN AND PICTURES WERE AVAILABLE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP, AND WAS DEEMED TOTALED.

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





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).