



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

26-FEB-2007

Reference No.  
10183489

**OWNER INFORMATION (Type or Print)**

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City

AVON

State

IN

Zip Code

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: 03/08/07

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GNDX13E01D \_\_\_\_\_

Make  
CHEVROLET

Model  
VENTURE

Model Year  
2001

Date Purchased  
03/13/2006

Dealer's Name and Telephone Number  
BLACK CHEVROLET BLANK

Engine:  
No: Cylinders 6

Fuel Type:  
Gas

Original Owner

Dealer's City  
710 E. MAIN ST

State  
IN

Zip Code  
46112

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
FRONT WHEEL DRIVE

Vehicle Component Code

071110 FUEL SYSTEM, GASOLINE:STORAGE:TANK ASSEMBLY:FILLER

Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
04-MAY-2006

Failure Mileage  
46000

Failure Speed

**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: DOTM19ABC036)

Original Equipment  
 Prior Repair

Failure Location: GAS

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

Yes  No

Fire

Yes  No

Number of Persons Injured

0

Number of Deaths

0

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).

TL\* - THE CONTACT CALLED REGARDING THE 2001 CHEVROLET VENTURE. THE SEAM CAME LOOSE IN THE FUEL SYSTEM, WHICH CAUSED A SLOW FUEL LEAK. THE LEAK OCCURRED WHEN THE TANK WAS FULL. ALSO, THE CONTACT SMELLED GAS FUMES. THE FAILURE MILEAGE WAS 46,000. THE DEALER DIAGNOSED THE VEHICLE AS NEEDING A NEW FUEL SYSTEM. THE DEALER REFUSED TO REPLACE THE FUEL SYSTEM FOR FREE. \*AK  
THE LEAK IS AT THE JUNCTION WHERE THE "FILL NECK" ATTACHES TO THE FUEL TANK

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.