



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

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Repository

Reference No.
10196297

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: MATINEZ State: GA Zip Code: [REDACTED]

Daytime Telephone Number

Evening Telephone Number

E-mail Address

Same

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, DOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 8/1/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNDX03E42L [REDACTED]
Make: CHEVROLET Model: VENTURE Model Year: 2002

Date Purchased: 01-JUN-04 Dealer's Name and Telephone Number: Budget Car Truck Sales
Engine: No: Cylinders 6 Fuel Type: Gas

Original Owner: Dealer's City: Marietta State: GA Zip Code: 30067

Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: FRONT WHEEL DRIVE
Vehicle Component Code: 123000 EXTERIOR LIGHTING:TAIL LIGHTS
Multiple Failure: 24

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-SEP-2004 Failure Mileage: 35000 Failure Speed: [REDACTED]

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: DOTM19ABC036): [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: 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 OWNS A 2002 CHEVROLET VENTURE. THE CONTACT STATED THAT THE DRIVER SIDE TAIL LIGHT BULB CONTINUES TO BLOW OUT. THE BULB BURNED THE PLASTIC COVER AND HAS BEEN REPLACED SEVERAL TIMES. THE VEHICLE HAS NOT BEEN INSPECTED BY THE DEALER. THE CURRENT MILEAGE IS 66,392 AND FAILURE MILEAGE WAS 35,000. *There is no lights at*

all on that side of car when bulb burn out. They should be recall as I have seen other cars with similar problems on the road and they are the same make and model.

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.