 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 04-JAN-2011 APR 1 1 2011		Repository <input type="checkbox"/> Reference No. 10374621	
OWNER INFORMATION (Type or Print)				
Name		Daytime Telephone Number		E-mail Address
Address		Evening Telephone Number		
City	State	Zip Code		
AFTON	NY			

The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).

VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNDX13E81D		Make CHEVROLET	Model VENTURE	Model Year 2003 2001
Date Purchased 9-2001 (NEW)	Dealer's Name and Telephone Number REN WILSON (NOW MATTHEWS)		Engine: 3.1 No: Cylinders 6	Fuel Type: GAS
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTO	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 02-JAN-2010

FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: 120000 EXTERIOR LIGHTING		Failure Mileage 183000	Failure Speed 25

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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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			
<i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths
		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 2001 CHEVROLET VENTURE. THE CONTACT STATED THAT THE HEADLIGHT COVERS WERE FOGGY AND IMPAIRED HER VISION WHILE DRIVING AT NIGHT. THE VEHICLE HAD NOT BEEN INSPECTED OR REPAIRED. THE CONTACT REPLACED THE COVERS. THE FAILURE MILEAGE WAS APPROXIMATELY 183,000.

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

my headlights have been failing for a couple of years, but got so bad I was having a lot of difficulty seeing at night, so I had to replace them. I called Don's Auto to see if they had replacements for my vehicle and the said "FOG PROBLEM"?? They keep them in stock because they get a lot of calls for them.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

1200 New Jersey Avenue SE. Washington, D.C. 20077-9382

Official Business Penalty for Private Use \$300

25 MAR 2006 PM 1 1



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

**US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382**



Think your vehicle has a safety defect?



If so:

Use the enclosed form to file a report.

or visit:

www.safercar.gov

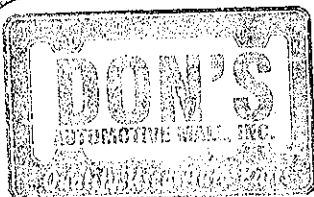
or call:

**Vehicle Safety Hotline
888-327-4236**



Vehicle Owner's Questionnaire (VOQ)
U.S. Department of Transportation
National Highway Traffic Safety Administration

CUSTOMER INVOICE



216 COLESVILLE ROAD
 BINGHAMTON, NY 13904
 (607) 775-1542 - LOCAL
 (800) 283-DONS - TOLL FREE
 (607) 775-2831 - FAX
 FEDERAL ID # 16-1072940
 NY DMV # 404-0316

1245 SLEEPY HOLLOW ROAD
 PENNSBURG, PA 18073
 (215) 679-8270 - LOCAL
 (866) 366-7227 - TOLL FREE
 (215) 679-8340 - FAX
 PA LICENSE # 46/663-1/606

Team PRP
 PREMIUM RECYCLED PARTS
 www.donsauto.com

REFERENCE #	DATE
301017	1/3/2011 10:50
P.O.#	CUSTOMER #
	2

S
O
L
D
T
O
 DELIVERED TO NY
 All other states use cust #2
 NY

S
H
I
P
T
O
 CASH CUSTOMER
 NY

SEE CUST PHONE # TAX CODE SHIP VIA Page 1

SALESMAN TYPE OF SALE DELIVERY TICKET NY PU

1 - 1 DEK PART NUMBER AND DESCRIPTION UNIT PRICE EXTENSION

1 114-00509R 2N-HEADLAMP ASSEMBLY; Stk# 9416; D9C
 R 000755830; NEW AFMKT, 1590085, 97-04 VENTURE ;
 Requested:2001 VENTURE; VENTURE 97-05; Q:585155

1 114-00509L 2N-HEADLAMP ASSEMBLY; Stk# 9416; D9C
 R 000755829; NEW AFMKT, 1590084, 97-04 VENTURE ;
 Requested:2001 VENTURE; VENTURE 97-05; Q:585155

53.00	53.00
53.00	53.00
TAX	8.48
TOTAL	114.48

PU TODAY MAYBE TOM

Thank You for your order.
 Please circle Payment Type: Cash Check C/Card
 Delivery Date 1/3/2011 Sub Total 106.00
 Discount .00 Taxable 106.00

RECEIVED BY _____ LOCATION _____