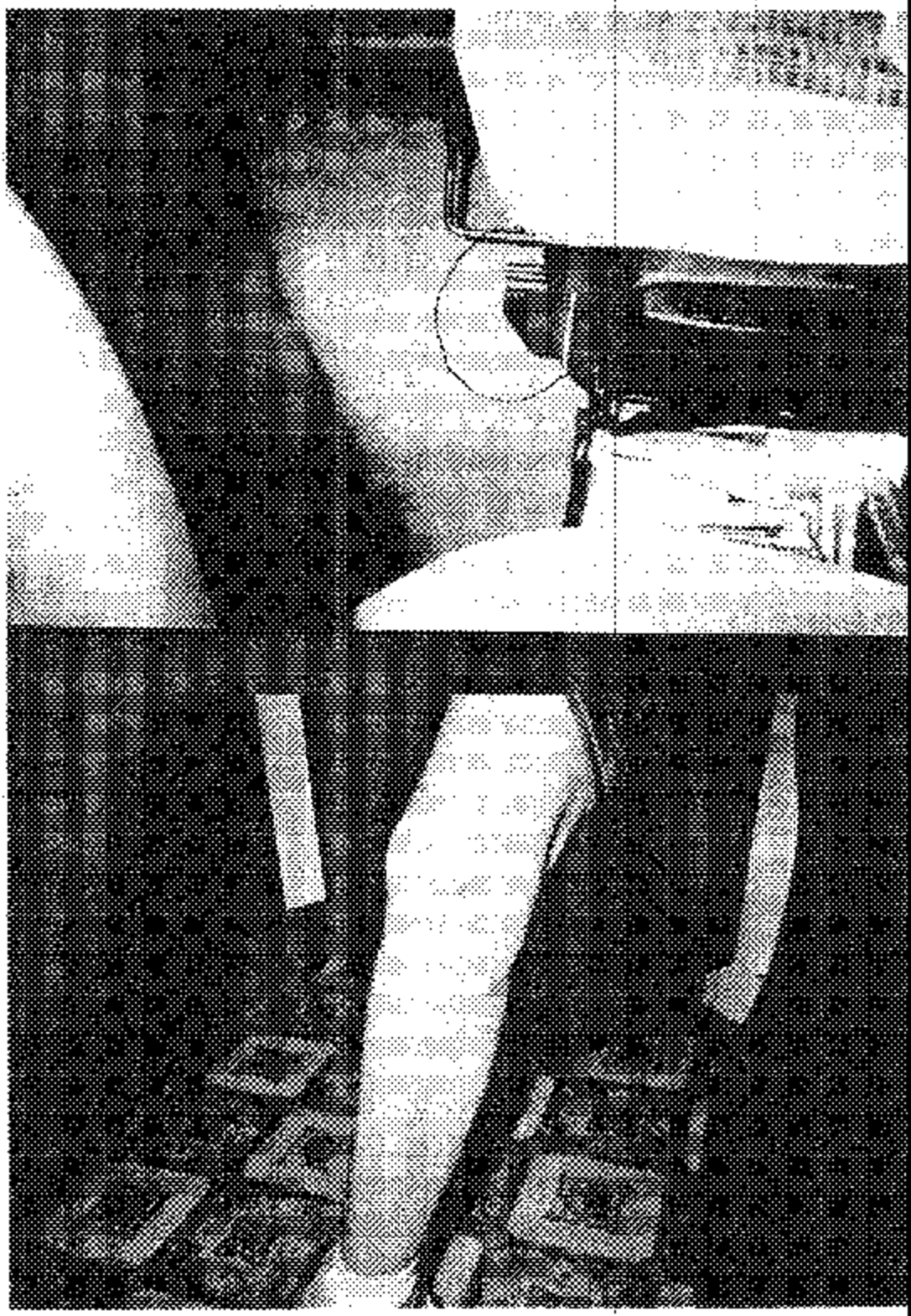

Form Approved: O.M.B. No. 2127-0009

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire

US. Department of Transportation
National Highway Traffic Safety Administration

TO REPORT VEHICLE SAFETY DEFECTS
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

COPIED

Posted

FOR AGENCY USE ONLY

Date Received
RECEIVED
00 JUL 18 PM 2:59
OFFICE OF DEFECTS INVEST

Od_or ___ ___
rt_dl ___ ___
d_rt ___ ___
up_ ___ ___

QC'd

Reference No.
553089

OWNER INFORMATION (Type or Print)

N [redacted]
S
C

Daytime Telephone Number [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence [redacted] provide your name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 7/19/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1GNDX03EXYD211397	CHEVY	VENTURE	2000

Purchased Date	Dealer's Name			Engine Size (CID/CC/L)	
12/9/99	KEN BARRETT CHEVROLET			3400	☐ Turbo ☐ Diesel
☒ New ☐ Used	Dealer's City BATAVIA	State NY	Zip Code 14020	No. Cylinders 6	[redacted] Fuel Injection

Manufacture Date (on driver's door or pilar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
11/99	☐ Manual ☒ Automatic	☒ Driverside Air Bag ☐ Motorbelt ☒ Passengerside Air Bag ☐ 2-Point Belt ☒ 3-Point Belt	☒ Yes ☐ No	☒ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utility ☐ Van ☐ Truck ☒ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

	Part Name(s)	Location	Failed Part(s)	Handicap Acaptive Equip
		☐ Left ☒ Right (PASSENGER) ☒ Front ☐ Rear	☒ Original ☐ Replacement	☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	☐ Yes ☐ No	☐ Yes ☐ No
	Vehicle Speed at Failure(s):		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☒ No	☐ Yes ☒ No	1	0	☐ Yes ☒ No

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

My daughter was kneeling on the front passenger seat, facing backwards. Her knee slipped off the seat and hit the rail on which the seat moves forward. She needed 8 stitches to close the laceration.

The rail is dangerous. There should be a covering over the cut off metal.

Date of accident - 4/16/00

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.*

Mail postage free or fax to 202-366-7882