



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

Date Received: **POSTED**

Office of Defects Investigation

Reference No: **555361**

Date: **08/25/00**

OWNER INFORMATION (Type or Print)

Name: [Redacted]

Address: [Redacted]

City: [Redacted]

State: [Redacted]

Zip: [Redacted]

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, NHTSA will assume you are the vehicle manufacturer.

Signature of Owner: [Redacted]

PRODUCT INFORMATION

Vehicle Identification No. (VIN): (17 Digits) 1G1LV141XKE200423	Year 1989
Make CHEVY	Model BERETTA
Purchase Date 11-99	Dealer's Name ACE AUTO WRECKING
Dealer's City INDUSTRY	State CA
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Zip Code 91746
Manufacturer Date (on driver's door or pillar) 1-89	Transmission type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic
Restrain System <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 3 Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Other
	Engine Size (CID/CC) 2.0L No. Cylinders 4 <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) FRONT SEATS	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adapt. Equip. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Recalled to Manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--

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

FRONT SEAT HAS NO BACK SUPPORT DUE TO BROKEN WELD ON SEAT FRAME - FRACTURED

FRONT DRIVER SIDE SEAT BELT LATCH BROKEN @ 2-POINT BLACK PART DETACHED & SEPARATED INTO 2 PART BELT, ALSO BOTH FRONT SEAT BELTS DO NOT LOCK-UP OR FUNCTION CORRECTLY

PASSIVE RESTRAINT FEATURE

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 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 administrative enforcement or litigation against a manufacturer, your response or a statistical summary thereon, may be used in support of the agency's action.

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

HAVING TO AVOID A CRASH I SLAMMED ON THE BRAKES - MAKING A SUDDEN STOP. MY 6 year old SON IN THE PASSENGER FRONT SEAT WHICH WAS PROPERLY WEARING SEAT BELT HIT HIS FOREHEAD ON THE DASH/AIR VENT AREA - NO VISIBLE INJURIES - BUT TRAUMATIZED - COMPLAINED OF A HEADACHE DUE TO FAILED LOCK-UP FEATURE - NO TOP RESTRAINT OR SUPPORT

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (VOQ)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM

OR

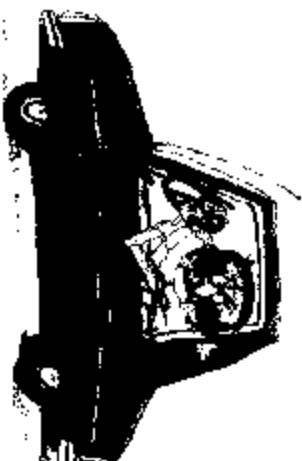
DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

www.nhtsa.dot.gov/hotline