

National Highway Traffic Safety Administration

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

Ms. Gay P. Kent GM Product Investigations Mail Code 480-111-E18 Engineering Building 30200 Mound Road Warren, MI 48090-9010

NVS-212,pco PE04-064

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

Dear Ms. Kent:

This letter is to inform you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has opened a Preliminary Evaluation (PE04-064) to investigate allegations of wrist or lower arm injury from entrapment between the power sliding door interior handle and the middle-row seat back during powered door opening sequence in MY 1998 through MY 2004 GM U-Vans (Chevrolet Venture, Oldsmobile Silhouette and Pontiac Transport/Montana minivans) manufactured by General Motors Corporation, and to request certain information.

This office has received 21 reports of which 19 of the 21 reports alleged the occupant's wrist or lower arm were injured from entrapment of their arm between the power sliding door interior handle and the middle-row seat back during powered door opening. Of the 19 injury reports, 13 alleged a broken bone related injury (broken wrist/arm). A copy of each of the reports is enclosed for your information.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- Subject vehicles: all MY 1998 through MY 2004 GM U-Vans manufactured for sale or lease in the United States. In addition, MY 1997 GM U-Vans shall also be included.
- Subject component: Power Sliding Door (PSD) "auto-reverse" feature during door opening sequence on the subject vehicles.
- GM: General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all dents, contractors, consultants, attorneys and law firms and other persons engaged



directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after September 1, 1995, were involved in any way with any of the following related to the alleged defect in the subject vehicles:

- Design, engineering, analysis, modification or production (e.g. quality control);
- b. Testing, assessment or evaluation;
- Consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
- d. Communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including but not limited to people who have the capacity to obtain information from dealers.
- Alleged defect: PSD opening force causing wrist or lower arm injury from entrapment
  of occupant arm between the power sliding door interior handle and the middle-row seat
  back during powered door opening sequence.
- Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drufts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, amouncements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements. governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers, including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies

thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by GM or not. If a document is not in the English language, provide both the original document and an English translation of the document.

• Other Terms: To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "dealer field report," "field report," "fire," "fleet," "good will," "make," "model," "model year," "notice," "property damage," "property damage claim," "rollover," "type," "warranty," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the organization of this information request letter (including all individual requests and subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered.

- State, by model and model year, the number of subject vehicles GM has manufactured for sale or lease in the United States. Separately, for each subject vehicle manufactured to date by GM, state the following:
  - Vehicle identification number (VIN);
  - b. Make;
  - c. Model;
  - d. Model Year;
  - e. Date of manufacture;
  - f. Middle-row seat configuration;
  - g. Number of middle-row seats;
  - Equipped passenger-side PSD;
  - Equipped driver-side PSD;
  - j. "Auto-reverse" feature in PSD:
  - k. Date warranty coverage commenced; and
  - The State in the United States where the vehicle was originally sold or leased (or delivered for sale or lease).

Identify in the file the vehicle's middle-row seat configuration (i.e. Bench; 60/40 Bench; Captain's Chair; Bucket Seats or none).

- State the number of each of the following, received by GM, or of which GM is otherwise aware, which relate to, or may relate to, the alleged defect in the subject vehicles:
  - a. Consumer complaints, including those from fleet operators;
  - Field reports, including dealer field reports;
  - c. Reports involving a crash, injury, or fatality, based on claims against the manufacturer involving a death or injury, notices received by the manufacturer alleging or proving that a death or injury was caused by a possible defect in a subject vehicle, property damage claims, consumer complaints, or field reports;
  - d. Property damage claims;
  - e. Third-party arbitration proceedings where GM is or was a party to the arbitration; and
  - f. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

Provide the table in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DAT."

For subparts "a" through "d," state the total number of each item (e.g., consumer complaints, field reports, etc.) separately. Multiple incidents involving the same vehicle are to be counted separately. Multiple reports of the same incident are also to be counted separately (i.e., a consumer complaint and a field report involving the same incident in which a crash occurred are to be counted as a crash report, a field report and a consumer complaint).

In addition, for items "c" through "d," provide a summary description of the alleged problem and causal and contributing factors and GM's assessment of the problem, with a summary of the significant underlying facts and evidence. For items "c" and "f," identify the parties to the action, as well as the caption, court, docket number, and date on which the complaint or other document initiating the action was filed.

- Separately, for each item (complaint, report, claim, notice, or matter) within the scope of your response to Request No. 2, state the following information:
  - GM's file number or other identifier used:
  - The category of the item, as identified in Request No. 2 (i.e., consumer complaint, field report, etc.);
  - c. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
  - d. Vehicle's VIN;
  - e. Vehicle's make, model and model year;
  - f. Vehicle's mileage at time of incident;
  - g. Incident date;
  - h. Report or claim date;
  - i. Whether a crash is alleged;
  - Whether property damage is alleged;
  - k. Number of alleged injuries, if any; and
  - Number of alleged fatalities, if any.

Provide the table in Microsoft Access 2000, or a compatible format, entitled "REQUEST NUMBER Tow DATA."

- 4. Produce copies of all documents related to each item within the scope of Request No. 2. Organize the documents separately by category (i.e., consumer complaints, field reports, etc.) and describe the method GM used for organizing the documents.
- 5. State, by model and model year, a total count for all of the following categories of claims, collectively, that have been paid by GM to date that relate to, or may relate to, the alleged defect in the subject vehicles: warranty claims; extended warranty claims; claims for good will services that were provided; field, zone, or similar adjustments and reimbursements; and warranty claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign.

Separately, for each such claim, state the following information:

- GM's claim number;
- b. Vehicle owner or fleet name (and fleet contact person) and telephone number;
- c. VIN:
- d. Repair date;
- e. Vehicle mileage at time of repair,
- f. Repairing dealer's or facility's name, telephone number, city and state or ZIP code;
- g. Labor operation number;
- h. Problem code:
- Replacement part number(s) and description(s);
- j. Concern stated by customer; and
- k. Comment, if any, by dealer/technician relating to claim and/or repair.

Provide the table in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA."

- 6. Describe in detail the search criteria used by GM to identify the claims identified in response to Request No. 5, including the labor operations, problem codes, part numbers and any other pertinent parameters used. Provide a list of all labor operations, labor operation descriptions, problem codes, and problem code descriptions applicable to the alleged defect in the subject vehicles. State, by make and model year, the terms of the new vehicle warranty coverage offered by GM on the subject vehicles (i.e., the number of months and mileage for which coverage is provided and the vehicle systems that are covered). Describe any extended warranty coverage option(s) that GM offered for the subject vehicles and state by option, model, and model year, the number of vehicles that are covered under each such extended warranty.
- 7. Produce copies of all service, warranty, and other documents that relate to, or may relate to, the alleged defect in the subject vehicles, that GM has issued to any dealers, regional or zone offices, field offices, fleet purchasers, or other entities. This includes, but is not limited to, bulletins, advisories, informational documents, training documents, or other documents or

- communications, with the exception of standard shop manuals. Also include the latest draft copy of any communication that GM is planning to issue within the next 120 days.
- 8. Describe all the operation and safety features of the PSD during opening operation. Highlight any changes/upgrades in these features from inception to MY 2004 vehicles. They should include the following detailed information:
  - Component description;
  - b. Component location/diagram;
  - Distance from the interior door handle pivot to the front of the middle-row seat back at the forward most and rearward most (fore/aft) seat position;
  - d. Lateral distance from the interior door handle (center line) to the edge of the right hand middle-row seat/seat arm rest (center line) for each seat configuration on the passengerside position;
  - Lateral distance from the interior door handle (center line) to the edge of the left hand middle-row seat/seat arm rest (center line) for each seat configuration on the driver-side position;
  - f. Pictorial diagram showing the relative locations of the interior door handle and the various available seat configurations;
  - g. Description of the door's "auto-reverse" feature during opening operation and maximum forces at various door opening points (from fully-closed to fully-opened) in two inch increments:
  - The PSD "stall" force during opening operation.
- 9. Describe all assessments, analyses, tests, test results, studies, surveys, simulations, investigations, inquiries and/or evaluations (collectively, "actions") that relate to, or may relate to, the alleged defect in the subject vehicles that have been conducted, are being conducted, are planned, or are being planned by, or for, GM. For each such action, provide the following information:
  - a. Action title or identifier:
  - The actual or planned start date;
  - The actual or expected end date;
  - d. Brief summary of the subject and objective of the action;
  - Engineering group(s)/supplier(s) responsible for designing and for conducting the action;
     and
  - f. A brief summary of the findings and/or conclusions resulting from the action.

For each action identified, provide copies of all documents related to the action, regardless of whether the documents are in interim, draft, or final form. Organize the documents chronologically by action.

10. Describe all modifications or changes made by, or on behalf of, GM in the design, material composition, manufacture, quality control, supply, or installation of the subject component, from the start of production to date, which relate to, or may relate to, the alleged defect (including interior door handle, door panel, middle-row seat designs and configurations) in the subject vehicles. For each such modification or change, provide the following information:

- The date or approximate date on which the modification or change was incorporated into vehicle production;
- b. A detailed description of the modification or change;
- c. The reason(s) for the modification or change;
- d. The part numbers (service and engineering) of the original component;
- e. The part number (service and engineering) of the modified component;
- f. Whether the original unmodified component was withdrawn from production and/or sale, and if so, when;
- g. When the modified component was made available as a service component; and
- h. Whether the modified component can be interchanged with earlier production components.

Also, provide the above information for any modification or change that GM is aware of which may be incorporated into vehicle production within the next 120 days.

- 11. State the number of component related to the door's "auto-reverse" feature that GM has sold that may be used in the subject vehicles by component name, part number (both service and engineering/production), model and model year of the vehicle in which it is used and month/year of sale:
  - Sensor that senses obstruction during opening; and
  - Electronic module that controls the PSD operation when opening.

For each component part number, provide the supplier's name, address, and appropriate point of contact (name, title, and telephone number) Also identify by make, model and model year, any other vehicles of which GM is aware that contain the identical component, whether installed in production or in service, and state the applicable dates of production or service usage.

- 12. Furnish GM's assessment of the alleged defect in the subject vehicle, including:
  - a. The causal or contributory factor(s);
  - b. The failure mechanism(s);
  - c. The role of the "auto-reverse" feature;
  - d. The failure mode(s);
  - e. The risk to motor vehicle safety that it poses;
  - f. What notes and warnings is available in the owners manual or to the middle-row occupants when opening the PSD when occupant's arm is resting on the interior door handle/arm rest;
  - g. What warnings (visual or audible), if any, the operator and the other persons inside the vehicle would have that the alleged defect (or the PSD is in its opening sequence) was occurring; and
  - The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to request reports and the production of things. It constitutes a new request for information. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to

49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the recent enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart(s) thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, the name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 5, 2004. Please refer to PE04-064 in GM's response to this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from me at (202) 366-5218 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if an extension has been granted.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, as amended (69 Fed. Reg. 21409 et seq; April 21, 2004), to the Office of Chief Counsel (NCC-113), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

If you have any technical questions concerning this matter, please call Peter Ong of my staff at (202) 366-0583.

Sincerely,

Thomas Z. Cooper, Chief

Vehicle Integrity Division

Office of Defects Investigation

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ATTACH ADDITIONAL SHEETS IF NECESSARY

Include, If available: Police/Fire Department Report, Photos, and Repair Involce. The Privace Act of 1974-Public Law P2-979 This information is requested pursuant to authority verted in the National Highway Profile the byty Act and subsequent emendments. You are unfor a obligation to respect this questionable. Your response may be used to seek the NATSA is determining whether a Hamiltotter should take appropriate action to correct a suffect of the NATSA processe with administrative enforcement or Original appliest a reading time, your response, or a statistical assessory themsof, may be used in support of the agency's action.

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ATTACH ADDITIONAL SHEETS IF NECESSARY
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1GNDX13E53D		. –					CHEVROLE	ET		VENTURE		2003
							l				_	
Date Purchas .01-FEB-03		Dealer's Nar DELLEN	Mž BNC	d Telephone i	Number			_		Engine: No: Cylinders <u>6</u>		Fuel Type: Gas
Original Owne	.r	Dealer's City GREENFIEL					State IN	ZφC	Code			
Transmission Type	TΩ	ntilock Brakes	Pan	wertrain					nent Code			
AUTOMATIC		rulsa Control	ı	ONT WHEEL (	DRIVE		162300.5	TRUC	TURE: BOD	JY:DOOR		
		VISB 144114-1-					Multiple Fr	elture	# 1			
			_	FAILE	D COMP	ONEXT(S	)/PART(S)	INFO	<b>SEMATIO</b>	A		
Incident Date(s) 01-JUN-2004	Fa <b>\$</b> U	re M <b>ic</b> age	Fatur	ire Speed				-				
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		ADDIT						ORT		REFAILURE	_	
Tire Make				Tire Model (N		•			Tire	e Size (Example P2)	15/65R	k15)
DOT No. (Example:		AUSABC036)		Original Prior Re	il Equipme Jepair	ent	Failure Loc	ation:	:			
Tire Component Cor	de									e Failure Type	_	
		ADDITION	AL III	7-					_	SEAT PAILURE		
Make: Seet Type:						nufactured			Model No.	<u>./Nam</u> e:		
Seat Type: Child Seat Compone			- <del></del>	alled Part:	nstalauc	on System	<u>r</u>					<u> </u>
Città della Consposi	3 R. G.	Ω.	- 12		WARLE	THETOE	NT INFORMA	4110	<del></del>			
				esce describ <u>e in</u>	n detail the	a (nakteot(s)	), Fallunds), Co	residen	ड) <i>सार्व श</i> र्थ			
Crash ☐Yes XiNo			Mijim	mber of Perso 1	ons Intun	red Nu	imber of Dear		Reporte	ted to Police N		
Marrative Descript Please describe (1) Le, parts regalred	l) event	to leading up l	to the	a failure, (2) é	<b>Californi</b> en	nd its com	sagnença (, :	and (?	3) whit w	to does to correct	the fi	(lure;
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ATTACH ADDITIONAL SHEETS IF NECESSARY

Include. If available: Police/Fire Department Report. Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1874-Public Law 83-378 This information is respected pursuant to authority vested in the Nettornal Highway Trieffic Selectly Act and unknowners
used demands. You are under no chilipation to respond this description. Your response may be used to smith the Nettornal Highway sheet a Manufacturer should take appropriate action by correct a safety defect. If the NHTSA proceeds with administrative sefercement or Rigation against a separation appears of the agency's action.

A			DQT	Auto S	afety Ho	otline	"		FO	R AGENCY USE ON	LY :	100248
U.S. Departme			o Rep	ort Vehi	icie Šafi	ity De	naire <sub>fects</sub>		Date Rec	Delved	Rep	ository 🗌
National High					ASH-2⊣ ·327-42				12.	-JUN-2004	Ref	lamence No.
Traffic Safety		INI			ntsa.dot		otline				1.00	075274
Administratio											Į.	
Name -	Ver	DK DA CH	-	u(.ypu	or P <u>rin</u> t)			<del>-</del>	Daytime	Telephone Number	E-ma	ii Address
Address					·· <del>·</del>		•••					
City OVERLA	ND PARK			State	KS	Zip Cod	-		Evenina	Telephone Number		
Do you authorize In the absence of	NHTSA to Van author	provide i rization, k	copy of	this repo TLL NOT	ort to the provide y	manufa: our nan	cturer of you le or eddres	ur veh is bo ti	ide? he vehicle	M YES C	l no	
Signature of Own	ner							Date	<u></u>			
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17 digit White Iden	tification Nu	mber Locate	ed at botto	om of winds	shield on dif	ver's side	· ~~~	_		Model		Model Year
							CHEVROL	ET		VENTURE		2004
Oate Purches		esier's Nai ERTZ REN		elephone	Number		1			Engine: No: Cylinders		Fuel Type: Gas
Original Own		caler's Cib DAKLAND	,				State CA	Zφ¢	Code			
Transmission Type	<del></del>	ock Brakes	Power	trofo			Vehicle C	-	ent Code			
AUTOMATIC	X Cruis	a Control					162300 5	TRUC	TURE:BOI	DY: DOOR		
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Incident Date(s) 27-44AY-2004	Fallure (	Mileage 00	Fallure C	•								
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Tire Make			_	na Model (	Name or N	lumber)				e Size (Example P2)	L5/65R	(15)
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Make:					Date Manu	facture	d:		Model No.	./Nema:		
Seat Type:					<u>Installation</u>	<u> Systen</u>	<u> </u>					
Child Seat Compon	ent Code:		Faile	ed Part:			IT INFORMA					
			(Plena				l Pakee@l C			y(ler).)		
Crash Yes X No				<u> </u>	ons Inture	d N	mber of Dea	etths	,	ted to Police N		
Narrativo Descript Piezza describe (1 Le, parts repaired	l) evests k	<b>aading</b> up	to the fe	illure, (2)	feiture an	1 Jes cor	нациянсая,	end (3	i) what w	ne done to correct	the fa	<b>le</b> n;
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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 resided in the Millored Highway Traffic Bafety Act and anheadpoint amendments. You are under no obligation to respond this questionnels. Year response may be used to assist the MITCA in determining whether a Namelocturer should take appropriate action to correct a safety defect. If the MITCA proceeds with extrakaltative enforcement or litigation against a manufacturer, year response, or a statistical summary thereof, may be used in support of the agency's action.

2	·	DOT AU	ito Safety	Hotline			FO	R AGENCY USE ON	LY :	254
U.S. Departmen		To Report	mer's Qu Vehicle S	afety Pel			Dete Re	celved	Rep	cettory 🗌
Mational High		1-8	88-DASH-	2-DÓT			ĺ ".	MAY-ZD04		ference No.
Traffic Safety	-		858-327-				l "	1941-2004		
Administratio		ERINET WA	w.nhtsa.c	iot.gov/h	otkie				10	073389
	OWNER INFOR	MATION (1	Type or Pris	st)					<del>[</del>	
Name _							Uaytime	Telephone Number	<u> </u>	sii Actiness
Addres							-			
City		St	MI ede	Zip Cod	<sup>6</sup> 48823					
Do you authorize In the absence of	NHTSA to provide i en euthorization, h	copy of the	is report to t NOT provid	he manufac le your nam	turer of you e or addres	r vai	icie? he vehicle	☐ YES X	NO	
Signature of Own	er		<u> </u>	<u> </u>	·	Dete		<u> </u>		
			YEH	ICLE INFO	RMATION					
17 digit Vehicle Ident	Yication Number Locate	ed at bottom o	of windshield or	n driver's side	Make			Model		Model Year
1GNDX13E72D					CHEVROLI	ET		VENTURE		2002
Date Purchas	ed Couler's No	me end Telej	phone Numbe	ar.				Engine: No: Cylinders 5		Fuel Type:
Original Owne	r Dealer's City	′			State	Zipε	ode			
Transmission Type	Antillock Brakes	Powertral	h		Vehicle Co 162300 S					
	Cruisa Control				Multiple F	aLre	: 1			
		•	FAILED COM	PONENT(5	)/PART(3)	INFO	RMATIO	N		
Incident Cate(s) L1-JAN-2004	Failure Milleage	Fallure Spe	eed							
	ADDIT	TONAL ITE	MS TO BE O	OMPLETED	WHENRE	ORT	NEATU	RE FAILURE		
The Make		Tire M	fodel (Name r	or Number)			The	e Siza (Example P21	5/65R	(15)
DOT No. (Example:		B	Original Equip Prior Repair	ment	Failure Loc	ation:	:	···-		
The Component Cor	de						Thre	Failure Type		
	ADDITION	KL ITEMS 1	TO ME COM	LETED WH	EN REPORT	ING.	A CHILD	SEAT FAILURE		
Make:				anufactured			Model No.	/Name:		
Seet Type:				tion System						
Child Seat Compone	ent Code;	Falled P	_							
		(Please de	APPLICABI sorbe in datail					v/lex). 1		
Crash	Fire _		f Persons Inf		mber of Dea		Report	ed to Police		
	Yes X No		1					<u>N</u>		
Please describe (1	ion of Incident(S), C ) events leading up or repisced (and F o	to the faller	re, (2) failure	). and its com	ręquenčai,	end (8	) whit w	as done to correct i	thų 🕏	Paro;
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Include, if available: Police/Fire Department Report, Photos, and Report Invoice.

ATTACH ADDITIONAL SHEETS IF MECESARY
The Privacy Act of 1874-Pablic Leve 83-579 This information is required by provent to authority vested in the Retional Highway Traffic Safety Act and subsequent assembly and are waiter up collegation to reported this questionnelly. Your response may be used to negative to be MITSA in determining whether a Hernaric Super should take appropriate action to correct a safety defect, if the MITSA proceeds with administrative enforcement or Rightion against a rearrest state, your response, or a statistical summerly thereof, may be used in support of the agency's action.

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2			D	OT Auto Sa	afety i	iotline			FO	OR AGENCY USE O	<del>~</del>	100079
U.S. Deporting of Transports	tlen J <b>hway</b>	1	ro Re	Owner' eport Vehi 1-858-D (1-868-)	icie Šaf XASH-2 -3 <i>2</i> 7-42	fety Def L-bot 236)	fects		Date Red	02)ved t-SEP-2002	_	pository  aference No.
Traffic Safet Administrat		340	ern	ET ayww.nlt			otline				10	0032143
		WINER INFOR	MAY	TON (Type	or Print	ō					4	
Name			_						Daytime	Telephone Number	r i E-m	al Address
Address			_						Evention	Telephone Number	- 1	
CREW GREW	ADA			State ,	MS	Zip Code	*					
Do you authoriz In the absence Signature of Ov	of an ac	iA to provide a uthorization, h	i copy IHTS/	y of this repo A WILL NOT ;	rt to the provide	r manufac your nam	turer of yo e or addra	our veh se to ti Date	be vehicle	盟 yes manufacturer. /	□ <b>N</b> O	
							RMATION					
17 digit Vehicle Ida 1GNDXXXE41	ndficatio	in Mumber Locate	datb	attom of winds	field on d	river's side	Make CHEVROL	E		Model VENTURE		Model Year 2001
Date Purch 01-JUL-01	2	GRENADA I	МОТО	nd Telephone I DRS 226 2116						Engine: No: Cylinders <u>6</u>		Fuel Type: Gas
Original Own	ner .	Dealer's City GRENADA	<i>-</i>	<u></u>		<u></u>	State MS	Zip C 3890	Code O1		'	}
Transmission Typ AutOMATEC		Antilock Brakes	Por	revertrain.		<del>.</del>			nent Code TURE:800			<del></del>
ACIONAL	120	Cruise Control					Multiple i	fallure:	: 1			
2-2-64	T =		_		OCHP	ONENT(S	)/PART(S	Dec	RMAJIO	ж		
Incident Date(s) 05-AUG-2002	ras	Bura Mileage 27000	HBIN	ura Spaed								
	=	ADDI		AL ITEMS TO				PORT	_			
Tire Make				Tire Model (N	Name or	Number)			Tire	e Size (Example P2	15/65	Ř15)
DOT No. (Example		4ALSABC(36)	$\prod$	Original Prikir Re	i Equipm apair	ent	Faiture Loc	cation:				
Tire Component C	ode								Tire	Failure Type	_	
		ADDITION	ALT	TEMS TO BE	COMPL	ETED WH	EN REPOR	TÍNG.	A CHILD	SEAT FAILURE	_	
Make:						nufactured		1	Model No.	/Name:		
Sept Type: Child Seat Compo	nent Cr	nde:	<u>—</u>	<u>(3)</u> Failed Part:	nstakaru	on System	<u></u>			·		
0.00	Per se	Ares		APPL			IT INFORM					
Crash	Fire	<del> ,</del>		issue describe in Imber of Perso	o dobali tre	e institution		Crostifes	al and him	ov <i>(lest.)</i> ted to Police		
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Nerrative Duscri Please describe Le, parts repaire	(1) ever	into leading up t	to the	o fallera, (2) f	falkare ar	nd its con	andronecoo.	end (3	i) what w	ns done to correct	t the Sp	·Buro;
BACK TO THE PO	OINT TH EAT BELT	HAT THE CONSU T AND DUE TO:	UMER	E WAS UNABLE	E TO REL	LEASE IT A	AND THE RE	SISTAL	NCE DID N	NOLE TO OPEN THE NOT MAKE IT STOP ONSUMER BROKE H	P. THE	CONSUMER WAS

Include, if available: Police/Fire Department Report, Photos, and Repair Involve. ATTACH ADDITIONAL SHIFTS IF NECESSARY The Privacy Act of 1974-Public Leve 63-579 This information is requested pursuant to authority vested in the finitional rightway Traffic Seriety Act and majorquent arrivation is requested pursuant to authority vested in the finitional rightway Traffic Seriety Act and majorquent arrivationals. Too are under no obligation to response this quest (sample majoral rightway traffic Seriety Act and majorquent should take appropriate action to convect a seriety defect. If the NATEA proceeds with advantagement or (litgation Against a manofacturer, your response, or a shatletical summary thereof, may be used in export of the agency's action.

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		_ <del>_</del> .	DO	/T Auto 5	Safety Ho	otline	<u></u> -		FC	OR AGENCY USE ON	ſLΥ	100186
U.S. Departm of Transportat	ttisn		icie ( To Rep	Owner port Yeh	r's Que: Nde Safe DASH-2-0	stion My Def		1	Date Res	selved	Rep	pository []
Motional High Traffic Safet Administrati	ty don		ERNET	(1-658 Tayww.n	i-327-423 Intsa.dot	36) :.gov/h	notline		21-	I-MAY-2003		ference No. 2020380
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Address				<b> </b>								
City				State	OH Z	Zip Code						
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Signature of Ow	mer _							Dabe		1		
		-					RIMATION					-
17 digit Vehicle Ide 9999	nțification	) Number Locate	ad at bot	ttom of wind	ishlaid on any	/Br'S Bidle	Make CHEVROU	ΕT		Model VENTURE	_	Model Year 2003
Date Purche	sed	Dealer's Nor	me and	Telephone	e Number					Engine: No: Cylinders		Fuel Type:
Original Own	ner	Dealer's City	,				State	Zip (	Code		1	
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· 4-1 -,		MOLTIGOA	ALITE							SEAT FAILURE	_	
Make: Sest Type:			—		Date Manuf Installation				Model No.	"/Name:	—-	<u>-</u>
Child Seat Compo	ment Co	de:	Fel	iled Part:	I Dignerani	3934	-					<del></del>
· .				APP			NT INFORM					
Crash □Yes ⊠Ne	Fire	Yes 🗓 No			sons Imjured		r). Failure(s). C umber of Dea		Report	ev <i>iest)</i> ted to Police N	_	
Marrative Descript Please describe (	btion of I (1) even	Incident(5), C	to the f	follure, (2)	) follower and	L d Norcon	eroquences,	, and (		ras done to correct (	Use fr	
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CAUSED BROKE	I BONES	i, BRIJISING A	ND SW	ELLING ,	*CB PE09	/064. PC	٥					
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Include. If available: Police/Fire Department Report. Photos, and Repair Invoice.

ATTACH ADDITIONAL SEETS IF NECESSARY
The Privacy Act of 1874-Public Law 93-579 Tals information is requested pursuant to sutherity veyted in the National Highway Tradit Safety Act and subsequent amandaments. You are under up only a policy of the greation pairs, Your response may be used to sente the NATION in determining whether a Manufacturer should take appropriate action to correct a substance of the Privacy of the Spring Safety Action.

ATTACH ADDITIONAL SEETS IF NECESSARY
The Privacy Report in the NATION INCLUDE: ATTACH ADDITIONAL SEETS IF NECESSARY
The Privacy Report Included Includ

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2			t	OT Auto S	afety i	lotline			FC	R AGENCY USE ON	LY	100148
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National High Traffic Safety Administratio	•	INT	BR P	1-868-1 (1-868- ETaww.ni	327-4	236)	hoti <b>ine</b>		25	FEB-2003	1	feranca No. 008114
	O	MINER INFOR	М	TEON (Type	or Print	)					<del>  -</del>	
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17 digit Vehicle Heni	<b>Fication</b>	Number Locate	sd at	bottom of wind	shield on d	hiver's side	CHEVROU	eş		Model VENTURE		Model Year 2003
Date Purchas				ind Telephone	Number		<u> </u>	_		Engine: No: Cylinders		Fuel Type:
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Tre Make	- –			Tire Model (	Name or	Number)			Th	e Size (Example P21	.5/65R	115)
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			а	APPI lease desaibs i	DCABLE 7 detek 64	o juckjacija O makimalija	IT INFORMA L Folkes(s), Ca	NOTES TOTAL	l Land Intur	vies).)		
Cresh	Fire □ Y	es 🛣 No	N	umber of Pers 1	ces Inter		mber of Dea		Report	ed to Police N		
Herrativo Descript Pinace describe (1 Le, parts repaired	) eveni	a leading we	to ti	te falkire. (2)	fallure a	nd Its con	mednescer'	E) bne	} what w	es done to correct	the fa	ilure;
WE RENTED A 200 ELECTRICALLY CO AND BRUISED MY	NTROL	LED DOOR B	Y TH	<b>E</b> HANDLE, IT	PULLED	MY ARM E	<b>ACKWARDS</b>	SSENC TOO I	ER ON T	HE SECOND DAY, I R ME TO GET CLEAR	STAR . I SE	TED TO OPEN VERELY SCRA

Include, if available: Police/Fire Department Report, Photos, and Repair Involce.

ATTACH ADDITIONAL SHEETS IF NECESSARY

ATTACH ADDITIONAL SHEETS IF NECESSA
The Privacy Act of 1574-Public Law 83-579 This information is requested pursuant to authority wasted in the Antonia Highmay Traffic Safety Act and an inequant
amendments. You are under so collegation to respond this questionnaire. Your response may be used to exist the MITSA in determining whicher a blanch proceeds with administrative enforcement or Education against a inendictorer, your response
or a statistical summary thereof, may be used in support of the squarcy's action.

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U.S. Departm of Transportal			icle (	Owner's	s Ques	tion y Det			Date Rec	belved	Rep	ooltary 🗌
National High Traffic Safet Administrati	γ	INT	ERNEI		ASH-2-D0 327-4236 tsa.dot.g	i)	otine		24	-JUL-2001		ferance No. 03679
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Marse Address							· <del>-</del> ·-		11111111			
Addree City				State .	1271	Code	<u></u>		i			
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Do you authorize In the absence of One	of an aut	to provide i horization, A	HTSA	of this repo WILL NOT ;	rt to the me provide you	nufac Ir nam	tures of you e or address	ir vet s to ti Date	he vehicle	□ YES manufacturer. /—	סא [	
					VERCLE	INFO	MOTTAME				_	
17 digit Vehicle Ide	nt fication	Number Locate	ed at bol	ttom of winds	Neid on diffye	r's side	Make PONTIAC			Model MONTANA		Model Year 2001
Oute Purche				Telephone	Number		L			Engine: No: Cylinders		Fuel Type:
Crigina) Own	HOL	Dealer's City	Y				State	Zap∢	Code			ŀ
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AUTOMATIC	   	uise Control					Multiple F					
> 4>	1	1			COMPON	BIT(8	)/PART(\$)	INFO	HMATTO	<u>N</u>		
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Include, if available: Police/Fire Department Report, Photos, and Repair Invoice,

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974-Public Law 93-879 This information is requested program of the Pethylogic Pethylogic Report Traffic Before Act and exchanging the remaining the Rectific Reference of the Pethylogic Rectification of the Rectification

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Include. If available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADMITTONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Paper Law 93-579 This information is requested parenant to eachiority vested in the National Highway Traffic Safety Act and adminishment are needed as a select of the NATEA in determining whether a Manial schorer should take appropriate action to correct a safety defect. If the NATEA proceeds with administrative enforcement or Eligation against a manufacturer, year happened, or a statistical manuary thereat, may be used in support of the agency's action.

DOT Auto Safety Notline														
TO Report Vehicle Safety Defects of Transportation Intrinsial Highway Traffic Safety Administration  OWNER INFORMATION (Type or Print)  OWNER INFORMATION (Type or Print)  Device Telephone Number  City Saliba  Do you suthorize HNTSA to provide a copy of this report to the manefecturer of your vehicle? In the absence of an authorizetion, HNTSA WILL NOT provide your name or address to the vehicle manefecturer.  It dig vehicle identification Number Located at bottoes of wedsheld on driver's side Date Purchased O1-JAH-00  Origin Owner  Dealer's Name and Telephone Number  Welticle INFORMATION  Date Purchased O1-JAH-00  Origin Owner  Dealer's City  Transmission Type Antilock Braics AUTOMATIC  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Melte  The Melte  The Melte  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Melte  The Melte  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Melte  The Melte  The Melte  The Size (Frample P215/557L5)  The Component Code  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Melte  The Melte  The Melte  The Size (Frample P215/557L5)  The Component Code  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Melte  The Melte Date Manual Equipment  The Pailure Type  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Failure Type  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A TITLE FAILURE  The Failure Type  ADDITIONAL TITIES TO BE COMPLETED WHEN REPORTING A DIRECTION of Pailure Manual Mumber of Deaths  New Size Date Manual Mumber of Deaths  New Size Date Manual Mumber of Deaths  New Size Date Manual Mumber of Deaths  Number of Persons Investigate, Failure Completed to Pailce  Number of Deaths  Number					DOT	Auto !	Safety Ho	tline			FC	OR AGENCY USE ON	LY 7	78
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City SALINA  State KS  Zip Code  Figure 1 Address  Do you suthorize MHT-SA to provide a copy of this report to the manafe clurer of your vehicle? In the observe of an authorizetion, MHT-SA WILL NOT provide your name or address to the vehicle manafecturer.  Date  VEHICLE DEPORTATION  17 digit vehicle identification Number Located at botton of whichletd on diverts this  Pale  VEHICLE DEPORTATION  18 Pale  PONTIAC  MODITANA  MODITANA  MODITANA  Dealer's Name and Telephone Number  O1-JAN-00  O1-JAN-00  Dealer's City  State  Powertrain  Authorize Component Code  FAILED COMPONENT(S) / PART(S) INFORMATION  FAILED COMPONENT(S) / PART(S) INFORMATION  Incident Date(s)  Fullure Mienz  Applitional Items To be Completed Phase Palure  The Made (Name or Number)  Applitional Items To be Completed Whiten REPORTING A DRE FAILURE  MADE (Paler Report Palure)  ADDITIONAL ITEMS TO be COMPLETED WHEN REPORTING A DRE FAILURE  Date Particable Incident Dealers  Number of Palure Number (Palure Report Installation or Number)  The Size (Example P215/55R15)  Date Particable Incident Dealers (Model No./Name:  The Size (Example P215/55R15)  The Size (Example P215/55R15)  Date Particable Incident Dealers (Model No./Name:  The Size (Example P215/55R15)  APPLICABLE INCIDENT DEPORTATION (Number)  Prior Report Society (Paler Report Installation or Number of Dealers (Number of Dealers			ON	NER INFOR	OLITAM	N (Туре	or Print)				Day None	Tolonhone Number	E	I & debase
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Date Purchased 01-1AN-00  Dealer's Name and Tolephone Number  Dealer's City  Dealer's City  State  Zip Code  Vehicle Component Code 152300 STRUCTURE:BQDY:DOOR  Multiple Failure: 1  FAILED COMPONENT(S)/PART(S) INFORMATION  Incident Date(s) 06-1AN-2802  Failure Milenge  Failure Speed  ADDITIONAL TITINS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE  The Male:  The Model (Name or Number)  The Size (Example P215/55R15)  Original Equipment Failure Location:  The Component Code  The Failure Location:  The Component Code  ADDITIONAL TITINS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE  The Male:  The Model (Name or Number)  The Failure Location:  The Failure Location:  The Failure Location:  The Failure Model No./Name:  Seet Type:  Installation System;  Child Seat Component Code:  Failed Part:  APPLICABLE INCIDENT INFORMATION  (Please describe in deal the Installation).  Number of Persons Infured.  Number of Death's Reported to Palce  Number of Persons Infured.  Number of Death's Reported to Palce  Number of Palce Seat Seating up to the Saltery (sea).  Please describe (3) oversite Seating up to the Saltery (3) Salters and Expendences, and (3) what was done to correct the failure (1 Location). Death Reported to Palce  La, parts repaired or registrace (1 In The HANDLE OF THE SLIDING DOOR, CAUSING CONSUMER'S WRIST TO TWIST AND BREAK. ONCE THE CORP LOCATION OF NUMBERS HAND GOT CAUSING CONSUMER'S WRIST TO TWIST AND BREAK. ONCE THE CORP LOCATION OF NUMBERS HAND MANUFACTURER HAVE BEEN MOTIFIED. "AK	_													
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	PE0405													

Include, F evaluable: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEFTS IF NECESSARY
The Privacy Act of 1974-Public Lans 93-579 Title information is requarited pursuant to unifority vested in the informational Highway Traffic Selection and authoropeut around an information of the i

### FOR AGENCY USE ONLY 1058 **DOT Auto Safety Hotilne** Repository 🔲 Date Received Vehicle Owner's Questionnaire U.S. Department To Report Vehicle Safety Defects of Transportation 1-888-DASH-2-DOT Reference No. 10-527-2001 National Highway (1-888-327-4236)Traffic Safety 896090 INTERNET: www.nhtsa.dot.gov/hotilne Administration OWNER INFORMATION (Type or Print) Daytima Talaphona Number E-mail Address Mama Address Evening Telephone Number State MI Zio Codu City DOWAGIAC Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES In the obsence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Signature of Owner VEHICLE INFORMATION 17 digit Vehicle Identification Number Located at bottom of windshield on driver's skile Model Model Year MONTANA 7001 PONTIAC 1GMDX03F71 Date Purchased Engine: Fuel Type: Dealer's Name and Telephone Number No: Cylinders Dealer's City State Zio Code Ortoinal Owner Vehicle Component Code Transmission Type Antilock Brakes **Powertrain** 162300 STRUCTURE:BODY:DOOR FRONT WHEEL DRIVE AUTOMATIC X Cruise Control Multiple Falure: 1 FAILED COMPONENT(\$)/PART(\$) INFORMATION Incident Date(s) Feilure Mileage Failure Speed 11-AUG-2001 ADDITIONAL TIEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Size (Example P215/65R15) Tire Model (Name or Number) The Make DOT No. (Example: DOTMAL9ABC036) Original Equipment Faiture Location: Prior Repair The Component Code Tire Fallure Type ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Model No./Name: Make: Date ManufactureCt Seat Type: Installation Systems Child Seat Component Code: Feiled Part: APPLICABLE INCIDENT INFORMATION (Please describe in detail the incidentis), Feture(s), Crosh(es), and Johns (les), ) Number of Persons Injured **Number of Deaths** Reported to Police Crash N Yes K No ∐Yes Mal‰ Marrative Description of Incident(5), Crash(es), and Injury(les). Please describe (1) events leading up to the follow, (2) fallow and its consequences, and (3) what was done to correct the fallows; i.e. parts repaired or replaced (and Yold part is available). POWER DOOR HAS NO SAFETY LATCH FEATURES TO PREVENT DOOR FROM OPENING WHEN GRABBED OR HELD. THIS CAUSED CONSUMER TO HAVE A BROKEN WRIST, TOOK TO DEALER, AND MECHANIC CHECKED DOOR AND NOTICED NO SAFETY LATCH. INDICATED ONE SHOULD BE PRESENT TO PREVENT CONSUMER FROM BREAKING WRIST, \*AK \*YH PE04064.PCO

Include, if available: Police/Fire Department Report. Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

The Privacy Act of 1974-Public Law 93-509 This information is requested pursuent to a athority varied in the Nettonse Highway Traffic Safety Act and subsequent amendments. You are under no obligation to recept this question with a Your response may be used to small the HiTSA in determining whether a Manufacturer should take appropriate action to correct a safety stateout 20 the HiTSA proceeds with administrative quity countries and a guinet a resource to the portion of the agency's action.

## **DOT Auto Safety Hotline**

# Vehicle Owner's Questionnaire

Y 117
Repository
Reference No. 849361
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of Transportation 10 Keport Ventera Salety Denotes	· I		· · · · · · · · · · · · · · · · · · ·	
National Highway 1-888-327-4236) Traffic Safety D(TERNET:www.nhtsa.dot.gov/hoti	ne i	30-SEP-1999	Reference No. 849361	
OWNER INFORMATION (Type or Print)				
Name	Day	time Telephone Number	E-mail Address	
Address				
City State IA Zip Code				
Do you authorize NHTSA to provide a copy of this report to the manufacture In the absence of an authorization, NHTSA WILL HOT provide your name or	address to the ve	VES Kilcie mėnufacturer.	NO .	
Signature of Owner	Date			
17 digit Vehicle Identification Number Located at bottome? which lield on driver's skin   Mg	TION ke	Model	Model Year	
- <u> </u>	KE EVROLET	VENTURE	1999	
Date Purchased Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:	
Original Owner Dealer's City Sta	te Zip Coda			
1 Articox states Powertrain	thide Component ( 2300 STRUCTURE			
☐ Cruise Control	ultiple Fallure:			
FAILED COMPONENT(S)/P	RT(S) INFORM	ATEON		
Incident Date(s) Failure Mileage Failure Speed 24-AUG-1999				
ADDITIONAL ITEMS TO BE COMPLETED WI	EN REPORTING			
The Make The Model (Name or Number)		Tire Size (Example P21	5/65R15)	
<u> </u>	ture Location:			
The Component Code		Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN	EPORTING A CH	ILD SEAT FAILURE		
Make: Date Manufactured:	Mode	el No./Name:		
Seat Type: Installation Systems				
Child Seat Component Code: Faled Part:  APPLICABLE INCIDENT I	EOD MATTON			
(Please describe in detail the incident(s.). Fa	ure(s), Crash(es), and			
Crash Fire Number of Persons Injured Number	of Deaths Re	eported to Police N		
Narrative Description of Incident(S), Cresh(es), and Injury(les).  Hence describe (1) events leading up to the failure, (2) failure and its consequency to parts repaired or replaced (and if old part is available).	ençae, and (3) wh	at was done to correct	the fallura;	
WHENEVER SCIDING DOOR IS OPENED THE HAND CAN GET CAUGHT BETWEET			TO BE TURNED. THE	
HAND/WRIST ARE STUCK. THE DOORS ARE AUTOMATICALLY OPENED AFTER	MOUCHING, TAK I	PE04064.PCO		
•				
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Include, if available: Police/Fire Department Report, Photos, and Repair Imvolc			SHEETS IF NECESSARY	

armenium. The are name no congenium to respons the questions are. Four response may be used to make the MITSA in determining whicher a Manufacturer should take appropriate extinct a congenium to infer a Manufacturer, your response a statistical summary thereof, may be used in support of the agency's action.

### FOR AGENCY USE ONLY 156 DOT Auto Safety Hotilne Repository 🔲 Date Received Vehicle Owner's Questionnaire U.S. Department To Report Vehicle Safety Defects of Transportation 1-869-DASH-2-DOT National Highway 15-SEP-1999 Reference No. (1-888-327-4236) Traffic Safety INTERNET:www.nhtsa.dot.gov/hotilne 847814 Administration OWNER INFORMATION (Type or Print) Daytine Telephone Number | E-mail Address Mama Address Evening Telephone Number State CE7 Zip Code, SPIRIT LAKE Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vahide? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vahicle manufacturer. Do you authorize NHTSA to provide a copy of this report to the manufacturar of your vahida? Signature of Owner VEHICLE INFORMATION 17 digit Vehicle Identification Humber Located at bottom of windshield on driver's side Model Model Year CHEVROLET VENTURE 1999 1GNDX03E4X Date Purchased Dealer's Name and Telephone Number Empine: Fuel Type: No: Cylinders Original Owner Dealer's City State Zio Code Vehicle Component Code Transmission Type Antillock Stakes Powertrain 162300 STRUCTURE:BODY:DOOR Cruise Control Multiple Fallure: FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s) Falure Misage Faiture Speed 15-AUG-1999 ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE MAILURE. Tre Make Tire Model (Name or Number) Tre Size (Example P215/65R15) DOT No. (Example: DOTMAL9A8C036) ☐ Original Equipment ☐ Prior Repair Pailure Location: The Component Code Tire Failure Type ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD STAT FAILURE Make Model No./Name: Date Manufactured: Seat Type: Installation System: Child Seat Component Code: Failed Part: APPLICABLE INCIDENT INFORMATION (Please dearths in detail the incident(s), Faitavels), Crash(us), and Interv (us), ) Crash Number of Persons Intured Number of Deaths Reported to Police ∐YBS XX No. Yes X No Ν Harretive Description of Incident(S), Crash(es), and Injury(les).

Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; Le, parts repaired or replaced (and I old part is available).

THE SLIDING DOOR INSIDE HANDLE CAME OUT TOO FAST AND TOO QUICKLY WHICH CAUSED INJURIES TO DRIVER'S ARM WHICH WAS STUCK IN BETWEEN THE SLIDING DOOR AND THE VEHICLE. DEALER WAS AWARE OF THE PROBLEM. NO REMEDY. \*AK PEO4064.PCO

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public fare \$3.578 This information is requested pureshard to entherly vested in the Internal Highway Trade Safety Act and subsequent surrestances. You are under no abligation to respond this questions by Your response may be used to well the INTEA in deby-while effect in Hamiltonian facilities and the INTEA in deby-while effect in Highway Trade and Internal to I

### FOR AGENCY USE ONLY **DOT Auto Safety Hotline** 415 Repository 🔲 Vehicle Owner's Questionnaire Date Received U.S. Department To Report Vehicle Safety Defects of Transportation 1-888-DASH-2-DÓT Reference No. National Highway 05-AUG-1999 (1-888-327-4236) Traffic Safety 844539 INTERNET www.nhtsa.dot.gov/hotline Administration OWNER INFORMATION (Type or Print) Daytima Telaphone Number | E-mail Address Nemie Addres Zie Code Oty State NY In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Structure of Counces X NO Signature of Owner VEHICLE INFORMATION 17 digit Valida Identification Number Located at bottom of windshield on driver's side Model Year Model Make MONTANA PONTIAC 1999 1GNDX03E9X Date Purchased Engina: Fuel Type: Dealer's Name and Telephone Number 01-MAR-99 No: Cylinders Gas Original Owner Dealer's Cky Zlo Code Vehicle Correctment Code 🔲 Antilock Brakes Transmission Type **Powertrain** 162300 STRUCTURE: BODY: DOOR AUTOMATIC FRONT WHEEL DRIVE Cruise Control Multiple Failure: 2 FAILED COMPONENT(S)/PART(S) INFORMATION Incident Date(s) Fallure Mileage Feiture Speed 05-AUG-1999 ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Model (Name or Number) Tire Size (Example P215/65R15) Tire Make DOT No. (Example: DOTMAL9ABC035) Original Equipment Prior Repair Failure Location: The Component Code Tire Failure Type ADDITIONAL ITEMS TO SE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Date Manufactured: Model No./Name: Make: Seat Type: Installation System: Child Seat Component Code: Falled Part: APPLICABLE INCIDENT INFORMATION (Please describe in detail the incidentis), Feiture(s), Crushles), and intury (les), ) Number of Persons Injured Number of Deaths Reported to Police ∏Yes XINg ☐ Yes XI No Hervettre Description of Incident(6), Crush(se), and Injury(les). Please describe (1) events leading up to the fallers, (2) failure and its consequences, and (3) what was done to correct the failure; le, parts repaired or replaced (and # old part is available).

WHILE THE CHILD OPENED THE SLIDING DOOR, CHILD'S HAND GOT STUCK IN THE LOCK, CAUSING THE CHILD TO SLIDE DOWN AND SUSTAIN INDURIES. PLEASE PROVIDE FURTHER INFORMATION. \*AK PE04064.PCO

Include, if available; Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY The Privacy Act of Timeter. To prove the information is requested personnt to authority vested in the Hallonet Highway Traffic Safety Act and subsequent amendments. You are under no obligation to represent to authority vested in the Hallonet Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respect this quarticument amendments to authority to under the Refine the Act and subsequent amendments to reference to the Refine the subsection of the Refine the Act and subsequent at the Refine the Act and subsequent amendment to authority thereof, may be used in support of the agency's action.

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	Transport Vehicle Seriety Defects  1888-237-4230)  INTERNET INFORMATION (Type or Print)  CONNES INFORMATION (Type or Print)  Deytime Telephone Mumber  EDISON  State No Zip Code  Evening Telephone Number  Detection Number  No Other Number  VEHICLE INFORMATION  SILHOUETTE  1998  And Desir's Name and Telephone Number  Vehicle Component Code  162300 STRUCTURE:SODY:DOOR  Multiple Fellure: 3  FAILED COM PONENT(S) /PART(S) DIFORMATION  ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE  No: Cylinders  The Size (Example P215/65R15)  The Failure Location:  The Failure Addition of Number  The Fail											
U.S. Department of Transportation	U.S. Department Of Transportation Vehicle Owner's Questionnaire To Report Vehicle Sefety Defects			Data Re	ceived	Rep	esitory 🗌					
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Traffic Sufety Administration								7400 1770				
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1GHDX03E1W						OLDSMO!	ФE		SILHOUETTE		1998	
Date Purchase	Date Purchased Dealer's Name and Telephone Number											
Original Owner	Deals	Dealer's City						Code				
Transmission Type AUTOMATIC	_	- 1	Powertrain			I .	•					
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				<b>野 欧州</b>	PORENE (5	)/PART(\$	DFC	RMATIC	<u>M</u>			
Incident Date(s) 12-AUG-1998	Fallure Mile	age   F	fallure Speed									
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Tira Meka			The Mode	(Name o	r Number3			Thr	e Size (Example P21	5/65	R15)	
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CHEC SEAL COMPONE	K CDde:			M TEA BL	THE TIME		ATTO					
			(Please describe	in cicles of	e inclient(s)	Fallue(s), C	mehle	-	y(les).)			
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Norrative Descriptă Piesso describe (1) La, parts repaired c	events had	hờ ấp to	the fallure, (2	) fallure i	and its com	sáquábçes,	and (3	3) what w	es done to correct l	the fa	ibire;	
AUTOMATIC DOOR *AIK PED4064.PCC		ITS OW	N, CAUSING A	CHILD'S	HAND TO I	BE CAUGHT	TH ME	ED <b>O</b> OR.	THE DEALER HAS R	EPAI	RED THE VEHICLE.	

Include, if available: Police/Fire Department Report. Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1924-Public Law 93-578 This Information is requested permuted by multiurity vegted in the flattered Highney Truffic Safety Act and exchange permuted by multiurity vegted in the flattered Highney Truffic Safety Act and exchange permuted by multiurity vegted in the flattered Highney Truffic Safety Act and extending whether a Hamiltotheyer should take appropriate action to correct a safety defect. If the HITSA proceeds eith administrative enforcement or Rightins against a present temporal, or a statistical manney, thereof, may be used in support of the agency's action.

### FOR AGENCY USE ONLY 258 **DOT Auto Safety Hotline** Repository 🔲 Data Received Vehicle Owner's Questionnaire U.S. Department To Report Vehicle Safety Defects of Transportation 1-888-DASH-2-DOT National Highway 03-MAY-2001 Reference No. (1-688-327-4236) Traffic Safety INTERNET swww.nhtsa.dot.gov/hotline 744882 Administration OWNER INFORMATION (Type or Print) Daytime Telephone Mumber | E-mail Address Name Address State Zip Code Oty Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. Short-se of Course Signature of Owner VEHICLE INFORMATION Model Year 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side Model CHEVROLET VENTURE 2001 Fuel Type: Date Purchased Dealer's Name and Telephone Number Engline: No: Cylinders Gas Origin<u>al</u> Owner Dealer's City State Zip Code Vehicle Component Code Transmission Type Antilock Brakes **Powertrain** 162300 STRUCTURE:BODY:DOOR FRONT WHEEL DRIVE Cruise Control Multiple Failure: 1 PAILED COMPONENT(\$)/PART(\$) INFORMATION Incident Date(s) Falkre Menge Failure Speed 19-MAR-2001 ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE Tire Size (Example P215/65R15) Tire Make Tire Model (Name or Number) DOT No. (Example: DOTMAL9ABC036) Original Equipment Fallure Location: Prior Repair Tire Component Code Tire Fallure Type ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT PAILURE Date Manufactured: Model No./Name: Make: Seat Type: Installation System: Child Seat Component Code: Falled Part: APPLICABLE INCIDENT INFORMATION (Please describe in detail the incidentis). Failure(s), Crash(es), and inhay flee), ) Number of Deaths Number of Persons Injured Reported to Police Crash Fire Yes X No □Yes 🗷 No Nerrative Description of Incident(5), Crash(es), and Injury(les). Please describe (1) events leading up to the fellers, (2) fellure and its consequences, and (3) what was done to correct the fellure;

THIS ACCIDENT HAPPENED IN A RENTAL CAR THROUGH NATIONAL CAR RENTAL IN FT. LAUDERDALE, FL. MY WRIST WAS BROKEN IN THIS INCIDENT WHICH I BELIEVE WAS CAUSED BY THE AUTOMATIC MOTORIZED DOOR WHICH WAS SLOW TO KICK IN AND BY THE LARGE HANDLE/LEVER ON THE DOOR WHICH YOU MUST PUIL TO ENGAGE THE MOTOR. I WAS A PASSENGER IN THE BACK SEAT ON RT. SIDE BY AUTOMATIC MOTORIZED SLIDING DOOR STRAPPED INTO MY SEAT BELT. WE WERE PARKED AND READY TO GET OUT. I GRABBED LEVER TO OPEN THE DOOR. LEVER IS SUPPOSED TO ENGAGE THE MOTOR BUT THE MOTOR DID NOT START SO I PUILLED BACK SOME MORE AND IT OPENED ABOUT ANOTHER FOOT OR SO AND STILL DID NOT ENGAGE THE MOTOR. ON THE THIRD PULL THE MOTOR SUDDENLY ENGAGED BUT THE POSITION OF MY HAND AROUND THIS LARGE LEVER AND THE FACT THAT MY ELBOW WAS BACKED AGAINST THE BACK OF THE SEAT, IT WAS IMPOSSIBLE TO EXTRICATE MY HAND. THE DOOR, WITH MY HAND AROUND THE LEVER, DRAGGED BACKWARDS UNTIL IT SNAPPED MY WRIST IN HALF. I INCURRED A RIGHT DISTAL PROCEDURE AND BEING RIGHT HANDED AND AN ARTIST AND ART TEACHER IT HAS BEEN DIFFICULT TO SAY THE LEAST. I FEEL THAT THE DESIGN OF THE SLIDING DOOR HANDLE IS A HAZARD AND SHOULD BE CONSIDERED FOR A RECALL OTHER AUTOMATIC SLIDING DOORS ON OTHER MUNIVARS TEND TO HAVE A BUTTON OR A SMALL HANDLE THAT WOULD NOT CATCH THE HAND AND DRAG IT BACKWARDS CAUSING INJURY. I WONDERED IF I WAS THE ONLY PERSON TO WHOM THIS HAPPENED. THE RENTAL O

Le, parts repaired or replaced (and if old part is evaluable).

Include, if available: Police/Fire Department Report, Photos, and Report Invoice.

ATTACH ADDITIONAL SHEETS IF NETESSARY
The Privacy Act of 1874-Public Law 83-578 This information is requested pursuant to authority vested in the National Highway Traffic Refety Act and antequest examples easy for are under no philipation to respect this quantity makes. Your response may be used to explicit the NATSA in determining whether a Manufacturer and table table appropriate action to correct a safety shalty suffer with administrative unforcement or Rigation against a manufacturer, your response, or a statistical susmany thereof, may be used in apport of the agency's action.

### FOR AGENCY USE ONLY 305 DOT Auto Safety Hotline Repository [] Date Received Vehicle Owner's Questionnaire U.S. Department To Report Vehicle Safety Defects of Transportation 1-888-DASH-2-DOT (1-888-327-4236) National Highway 02-OCT-2001 Reference No. Traffic Safety INTERNET soww.nhtsa.dot.gov/hotilne 562961 Administration OWNER INFORMATION (Type or Print) Daytime Telephone Number E-mail Address Maria Address Pyening Tulanhone Number State HI Zip Çoda City Do you authorize MHTSA to provide a copy of this report to the manufacturer of your vehicle? up you awnorms MH (SA to provide a copy of this report to the cranufacturer of your vahide? [If the obsence of an authorization, NHTSA WILL NOT provide your name or address to the vabide manufacturer. □ NO Signature of Owner VEHICLE INFORMATION 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side. Model Model Year Make PONTIAC MONTANA 2001 Data Purchased Dealar's Name and Telephone Number Engine: Fuel Type: No: Cytinders Gas Origin<u>al</u> Owner Dealer's City State Zlp Code Vehicle Component Code Transmission Type Antilock Brakes **Powertrain** 162300 STRUCTURE: BODY: DOOR FRONT WHEEL DRIVE Cruise Control Multiple Fallure: 1 FAILED COMPONENT(S)/PART(S) INFORMATION Incident Cate(s) Failure Mileage Pallure Speed 31-AUG-2001 ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TURE FAILURE Tre Make Tire Model (Name or Number) Tire Size (Example P215/65R15) DOT No. (Example: DOTNAL9A8C036) Original Prior Repair Original Equipment Falure Lozation: The Component Code Tire Fagura Type ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE Make: Date Manufactured: Model No. /Name: Installation System: Seat Type: Child Seat Component Code: Falled Part; APPLICABLE INCIDENT INFORMATION (Please destribe in dated the incidential, Fabrusial, Crashias). and inflire (km). ) Crash Fire Number of Persons Intured Number of Deaths Reported to Police ☐Yes 🛣 No ∏Yes XINo N Reveative Description of Recident(5), Crash(es), and Injury(les). Please describe (1) swents leading up to the failure, (2) failure and its consequences, and (3) what was describe to correct the failure; Le, parts repaired or replaced (and if old part is swalls big). PASSENGER SETTING ON THE MIDDLE SEAT NEXT TO THE POWER DOOR HAD THEIR RIGHT ARM RESTING ON THE DOOR HANDLE, THE BUTTON TO OPEN THE DOOR WAS PRESSED, CAUSING THE PASSENGERS ARM TO BE TRAPPED BETWEEN THE SEAT BACK AND THE DOOR HANDLE. PASSENGER COULD NOT REMOVE THEIR RIGHT ARM AND THE WRIST WAS BENT BACKWARD UNTIL THE WRIST BONE SNAPPED, THIS VEHICLE WAS A RENTAL FROM ALAMO COMPANY. \*SLC PED4064.PCO

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

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The Privacy Act of 1874-Public Law B3-578 This information is requested pursuant to a charity verted in the National Highway Traffic Scilety Act and subsequent as a shadown are to a shadown the National Highway Traffic Scilety Act and subsequent as a shadown and the National Highway Traffic Scilety Act and subsequent and the NATION in determining whether a Manufacturer should take appropriate action to correct a substy defect. If the NATION proceeds with administrative autocurrent or Rigation against a seasufacturer, your response or a statistical summent thereof, may be used in support of the agency's action.

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U.S. Departmen of Transportation			'o Rep	ort Vel	r's Que hicle Saf DASH-2-	aty De	nnaire fects		Date Re	Celved	Rep	ository 🗌			
Traffic Safety	Particus Highway /1_202_777_47761						14	-AUG-2001		Reference No. 562499					
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Addres									ŀ						
City				State	TX	Zip Çod									
Do you authorize In the absence of Signature of Own	<b>k</b> n aut	to provide i horization, h	e copy of IMTSA W	f this rep VILL NO?	port to the T provide	ownufe. your nan	cturer of yo	or vet sş to ti Dete	he vehicle	☐ YES Menufacturer.	ON D				
					VEHIC	LE REO	RMATION								
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						OLDSMO	BOLE	SILHOUETTE			2000				
Date Purchased   Dealer's Name and Telephone Number							1	1 -			Engine: F				
Original Owne	Original Owner Dealer's City						State	Zbc	Code						
Transmission Type Antilock Brakes Powerbrain							Vehicle Component Code								
Cruise Control						162300 STRUCTURE:BODY:DOOR									
							Multiple	Failure	: 1						
				MAJU.	ED COMP	ONENT(S	)/PART(S	) IMPO	RHATIO	H					
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Make;			<u> </u>		Date Man	ufacture	d:		Model No.	./Name:					
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Child Seat Compone	IL COL		rae	ed Part:	H IČARI E	DETOR	NT INFORM	ATTO	<u></u>						
			(Pleas	o destribe	in detail the	incident/e	, Fadera(s), (	restrict.	L and inte						
Crash Yes Xinto				. 1	sons Inter	ed NL	imber of De	aths		ed to Police N					
Narrativa Descripti Please describe (1) i.e., parts repaired (	event)	s leading up	to the fi	illure, (2)	) fallere er	nd its con	<b>соци</b> анса (,	;) bes,	l) what w	e dese to correct	the fe	fure;			
THE CONSUMER PLANMREST AND THE TO PULL THE DOOR GET HIS HAND OUT MUSCLES IN HIS R	E DOÓI R OP <del>EI</del> T, EVE	R, THE CONS N, AS THE DO NTUALLY THE	OR CAM DOOR V	ID NOT LI NE BACK I NAS REVI	et go of It began ' Ersed bu	THE HAN TO PLACE T THE CC	IDLE, FORGI E EXTREME I	ETTENO PRESSI	THAT THURE ON H	IE DOOR IS AUTON IS THUMB AND HA	MATIC, ND ANI	AND WAS TRYING THE COULD NOT			

Include, if available: Police/Fire Department Report, Photos, and Repair Involus.

ATTACH ADDITIONAL SHEETS IF NECESCARY
The Police's Act of 1874-Public Law 60-879 Title information is requested personned to a attacking vested in the firstonal Highway Traffic Saiday Act and subsequent personness. You are writer us obligation to respond this questionnaire. Your responses may be used to said the MITEA is determining whether a Manufacturer should take appropriate action to correct a safety defect. Whe MITEA proceeds with administrative enforcement or Highlion against a membracturer, your response, or a statistical sensessary thereof, may be used in support of the agency's action.

2				FO	R AGENCY USE ON		254							
U.S. Departme of Transportati National High	on way	hicle Owner's Questionna To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236)						Date Received 15-3UL-1999		Repository  Reference No.  547285				
Traffic Safety Administratio	Administration INTERNET severanhtsa.dot.gov/hotline													
	OWNER INFOR	MATIO	і (Тура	or Print)				Constitute 1	Talephone Number		all Address			
Nome							$\blacksquare$	999-999	,		1000000			
Address			State	(Zi	Code		┵	Evering '	Telephone Number	1	•			
PASAUE	<del></del>			<u>~ ; </u>						<u> </u>				
On the absence of	NHTSA to provide f an authorization, i	a copy of IHTSA W	TLL NO	part to the ma T provide you	nuf <b>a</b> ; 7 nam	e or address	to th	cie? e vehicle	YES	NO				
Signature of Own	wr						Date		<u>.                                      </u>					
d-t	·Mention Museum v I need	ad at bath				RMATION Make			l Maria		Model Year			
17 digit Vehicle Identification Number Located at bottom of whidshield on driver's side						CHEVROLE	ī		Model VENTURE		1999			
Oate Purchased Dealer's Name and Telephone Number								Engine: No: Cylinders			Fuel Type:			
Original Own	Original Owner Desiler's City						Zip C	ode						
Transmission Type	Transmission Type Architock Brakes Powertrain						Vehicle Component Code							
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	<u>L</u> .					Multiple Fa	iAure:	1						
	(° 4° a	F. B		ED COMPONE	3HT(\$	)/PART(\$)	IVO	RMATIÓ	M					
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Tire Make		Ta	ne Model	l (Name or Nun	nber)			j 79m	e Size (Example P21	.5/651	l15)			
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			e desgrip	in detail the inc	dentra	L Followski, Co	estivies	and late						
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Please describe (:	tion of Incident(5), ( i.) events leading up for replaced (and if	to the fe	illure, (2	) folkers and 1	<b>1</b> 11	anquances, a	E) bni	) what w	ns dome to correct	the fa	llureş			
	NG DOOR (ELECTRO			I) HAD ENOUG	H FO	RCE TO PULL	CON	SUMERS	ARM BACK AND BEN	D HE	RWRIST			

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY
This Privacy Act of 1974-Public Law 62-579 This Information is requested parament to suctionity vested in the Pational Highway Traffic Safety Act and authorquant amendments. You are under no obligation to respond this preprise way be used to post the MITSA in determining whether a Hamiltoturer should take appropriate action to correct a safety defect. If the MITSA proceeds with administrative enforcement or Highlian against a manufacturer, year response, or a statistical summary thereof, say be used in support of the agency's scilion.

DOT Auto Safety Hotiline									FOR AGENCY USE ONLY 254					
of Transportation Mattenal High Traffic Safety	U.S. Department of Transportation  National Highway Traffic Safety  Administration  Vehicle Owner's Question  To Report Vehicle Safety in 1-888-DASH-2-DOT (1-888-327-4236)  INTERNET www.nhtsa.dot.gov				lon Def	ects		Date Received 25-MAY-1999		Repository  Reference No. 545744				
	OWNER INFO	RUMATIO	ON (TYPE	or Print	1)			_			4_			
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Address						•								
City			State	ta <sub>IL</sub> Zip Code										
Do you authorize In the absence of Simeture of Own	NHTSA to provide an authorization, ar	e a copy NHTSA	of this rep WILL NOT	ort to th pravide	e men	ufac nami	turer of you a or address	ur veh s to th Dete	e vehicle	YES manufacturer.	🗶 но			
Signature of Con-				VENT	CLEX	<b></b>	MATEON	200		<del></del>				
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1GND03E1				CHEVROLET				ET	VENTURE			1999		
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Ortginal Owne	inal Owner Dealer's City						State	Zapo	Code					
Transmission Type		Antilock Brakes Powertrain						Vehicle Component Code 162900 STRUCTURE: BODY: DOOR						
Cruise Control							Multiple P	'allure	e: 1					
			FAILE	D COM	ONE	π(9	)/PART(5)	INFO	RMATIC	M				
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Please describe (1 Le, parts repaired	) events leading (	p to the	fellure, (2)	) fallare i	ind Ri	ÇQIN:	sequencis,	end (3	3) what u	es done to corre	ct the R	illuro;		
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We private the systems: PORE/Fire Department Report, Photos, and Repair Invoice.

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The Private Act of 1974-Public Law 83-579 This information is requested gureant to a atherity world in the lictional liighway Traffic Seriety Act and subsequent transless early. You are writer no abigation to compact this questionneline, Your response may be used to assist the NITSA in determining whether a Manufacturar about the spanoprists action to correct a seriety defect. If the NITSA proceeds with administrative enforcement or highligh against a manufacturar, your response, or a statistical assumery thereof, risky be used in appears of the agreey's action.