

VEHICLE SAFETY DEFECT REPORT

Your details	
Title:	
Full Name:	
Company Name (if applicable):	
Address:	
Post Town:	
Post Code:	
Daytime telephone:	
Mobile Phone:	
Fax No:	
E- Mail:	

The Vehicle			
Vehicle Make:		Vehicle Model:	
Registration No:		Year of Manufacture:	
Full Chassis/VIN No:		Diesel (D) or Petrol (P) or Other (O)	
Any Special Features:			

The Defect	
Defect/ Fault description:	
Description of incident leading to failure:	
Date of failure:	
Mileage Reading at time of failure:	

Please note that in order to progress this investigation it may be necessary to send this form to the relevant manufacturer.

I give my consent to this form and other relevant evidence being forwarded to the manufacturer:	Yes	No
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Data Protection

The personal information you provide on this form will be used for the purposes of VOSA's statutory functions. It will not be disclosed to other organisations unless required or permitted by law. For further information, visit our Information Charter available from VOSA's website: **www.vosa.gov.uk**

Name: _____ Date: _____

Please return by email, fax or post to:

Vehicle and Operator Services Agency (VOSA)
Vehicle Safety Branch
Berkeley House
Croydon Street
Bristol
BS5 0DA

Tel: 0117 9543300
Fax: 0117 9543328
Email: VSB@vosa.gsi.gov.uk

Document Reference: VSDR100-DI (GP) Issue: 2 (06/09) Origin: VSB1 Document Review Date: Annually

Document History

Issue 1 – June 2008
Issue 2 – June 2009

*An executive agency of the
Department for
Transport*