

## 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:	

Other information (please circle or highlight the appropriate box)			
Is there a Main Dealer Service History?		Yes	No
Is the component original to the vehicle?	Not Known	Yes	No
Are the <b>Parts/ Vehicle</b> available for examination?		Yes	No
Date of Last Vehicle Service:		Carried Out by: (e.g name of garage)	
Type of Service: (e.g 10000 miles)		Mileage Reading at last vehicle service:	
Was there an accident?		Yes	No
Are there any injuries that are considered attributable to the defect?		Yes	No

**Photographs/ Parts and other evidence**

If you have any photographs or copies of any other relevant information please include them with the form. Please note photographs may not be returned and parts may need to be forwarded to the manufacturer for testing (which may be to destruction) in order to conduct a full investigation.

**Additional Information:**

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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Your details will be kept in accordance with the Data Protection Act 1998

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

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