



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 1367

Date Received

Repository

2003 MAR 14 PM 4:55  
10-FEB-2003

Reference No.  
10006803

**OWNER INFORMATION (Type or Print)**

Name

Address

City

BOKEELIA

State FL

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date 1/1

**VEHICLE INFORMATION**

17 digit vehicle identification number (located on bottom of windshield or driver's side door)  
1GNEL19W9YB103452

Make  
CHEVROLET

Model  
ASTRO

Model Year  
2000

Date Purchased

Dealer's Name and Telephone Number

Engine:  
No. of Cylinders

Fuel Type:  
Gas

Original Owner

Dealer's City

DENVER

State

CO

Zip Code

Transmission Type

Antilock Brakes

Powertrain

Vehicle Component Code

036400 SERVICE BRAKES, HYDRAULIC; ANTILOCK; ABS WARNING LK

AUTO

Cruise Control

AWD

Multiple Failure:  INTERMITTENT BUT OFTEN

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s)  
30-DEC-2002

Failure Mileage  
65000

Failure Speed  
30-70

ANTI-LOCK LIGHT COMES ON FREQUENTLY WITH BRAKE LIGHT. SOMETIMES GOES OFF WHEN TURNING ENGINE OFF & THEN BACK ON.

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM1A9ABC036)

Original Equipment  
 Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

**APPLICABLE INCIDENT INFORMATION**

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

Crash

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes  No

Yes  No

N

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

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

THE ABS LIGHT ILLUMINATED. \*JB

ABS SYSTEM FAILS INTERMITTENTLY.

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 vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used by NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.