



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 252

Date Received 13-MAY-2003 JUN 27	Repository <input type="checkbox"/>
	Reference No. 10019787

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City PHILADELPHIA	State PA	Zip Code

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. YES NO

Signature of Owner _____ Date 6/12/03

VEHICLE INFORMATION

Make DAEWOO	Model L10003	Model Year 2001
Date Purchased 10/01	Dealer's Name and Telephone Number McCafferty	Engine: No: Cylinders
Original Owner	Dealer's City Langhorne, PA	Fuel Type:
State PA	Zip Code	
Transmission Type	<input type="checkbox"/> Antilock Brakes	Powertrain
	<input type="checkbox"/> Cruise Control	Vehicle Component Code 105000 POWER TRAIN-AXLE ASSEMBLY
		Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 13-MAY-2003	Failure Mileage	Failure Speed
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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: DOTM4L9ABC038)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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).

WHILE DRIVING THE AXLE BROKE AND DAMAGED THE DRIVE SHAFT AND CURB. -MM

This happened after the car was repaired. The initial accident I hit the curb. After getting the car back, less than 24 hours later Axle broke again. Then, not having any confidence in the repairer, I took it to Another shop. (as suggested by the All State adjuster) and found that the Axle needed more repair. Also found wrong parts were used.

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 to assist the 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.