



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY

Date Received

10119102

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

2005 APR 25 AM 3:19

Reference No.

1011991

Daytime Telephone Number

OWNER INFORMATION (Type or Print)

Name _____
Street No. _____ Apt. No. N/A
City PASADENA State TEXAS Zip Code _____

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of your authorization, NHTSA will NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 03/31/05

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>1G C C W 8 0 H 2 D R</u>		Make <u>CHEVROLET</u>	Model <u>EL CAMINO</u>	Year <u>1983</u>
Purchased Date <u>10-17-83</u>	Dealer's Name <u>LAWRENCE MARSHAL CHEVROLET</u>		Engine Size (CID/CYL) <u>305</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>HEMPSTEAD</u>	State <u>TEX</u>	Zip Code _____	No. Cylinders <u>8</u>
Manufacture Date (on driver's door or pillar) <u>not legible</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Motorbelt <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> E-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>Hybrid</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>UNK NOWH</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name				
Complete Tire Size	DOT No.				
No. of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

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

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>No response</u>
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Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).
I got into vehicle at the car wash to leave. With my foot on Brake I shifted into Drive. The engine immediately revved to past its safety zone on the tachometer. Even with ~~to~~ my foot on the Brake as hard as I could press, the back wheels spun on the wet driveway. My brakes had failed I would have been propelled out into heavy traffic on the street in front of me. When I shifted out of Drive the engine returned to normal operation. About time

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

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

2002 The same thing happened again In my Drive
Way 2 years later and In 2004 it happened again
In the parking lot of a Bank only this time it didn't
stop until I not only shifted out of Drive but turned
off key, 3 times! No mechanical problem was found.
I did get a park neutral switch fault code a couple
of days before Incident that went out on its own.
The front brakes holding was all that kept the
vehicle from being propelled forward at top speed.
Dealer here in Pasadena said they Never heard of
such a thing! My foot was not touching gas pedal.
Please refer to 2nd report on 1996 5-10 Bazer

owner

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

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

Official Business Penalty for Private Use \$300

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Complete and return or place in your car manual for future use



**VEHICLE
OWNER'S
QUESTIONNAIRE
(V00Q)**

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

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(DASH) 2 DOT



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