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 100148

Date Received	Repository
01-JUL-2005 (2005 AUG -5)	
	Reference No. 10127288

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City: LAKE IN THE HILLS	State: IL	Zip Code: [redacted]

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 ___/___/___

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GNEL19W3X[redacted]	CHEVROLET	ASTRO	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
15-JUL-99	RAY CHEVY			No. Cylinders 6	Gas
Original Owner ☒	Dealer's City: GRAYS LAKE	State: IL	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☐ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	072200 FUEL SYSTEM, GASOLINE:DELIVERY:HOSES, LINES/PIPING,
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
26-JUN-2005			

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: DOTMALBABC036)	☐ 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), Fatalities, 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).

DT: THE VEHICLE FUEL LINE FELL APART. THERE WAS A SMELL OF GASOLINE INSIDE THE HOUSE SO THE FIRE DEPARTMENT WAS CALLED. THE LINES CAME APART AND WHILE DRIVING, THE FUEL LINE BUSTED AND GASOLINE SPEWED. THE MECHANIC INSTRUCTED THE OWNER THAT THE FUEL LINE CAN BE SNAPPED BACK TOGETHER, SO THE OWNER SNAPPED IT BACK TOGETHER. OWNER HAS SPOKEN WITH A DEALERSHIP THAT INSTRUCTED THAT THEY ARE AWARE OF THE PROBLEM. NO OTHER PROBLEMS WITH VEHICLE. *AK

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 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.