



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

2005 FEB -7 11:09
01-JUL-2005

Repository

Reference No.
10127278

OWNER INFORMATION (Type or Print)

Name
Address
City REDDING State CA Zip Code

Daytime Telephone Number
Evening Telephone Number
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, provide your name or address to the vehicle manufacturer.
Signature of Owner Date 01/20/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GCDM19WXP
Make CHEVROLET Model ASTRO Model Year 2000
Date Purchased 14-JAN-00 Dealer's Name and Telephone Number LITHIA CHEVROLET OF REDDING 530-223-1132 Engine: No: Cylinders 6 Fuel Type: Gas
Original Owner Dealer's City REDDING State CA Zip Code 96002
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 061000 ENGINE AND ENGINE COOLING:ENGINE
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 27-JUN-2005 Failure Mileage Failure Speed

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: DOTM19ABC036) 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 Yes No Fire Yes No
Number of Persons Injured Number of Deaths Reported to Police 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: CONTACT STATED WHILE DRIVING VEHICLE STALLED. WHEN THIS HAPPENED THERE WERE NO BRAKES. THERE WERE NO WARNINGS BEFORE THE STALLING, IT HAPPENED AFTER THE VEHICLE WAS PARKED FOR APPROXIMATELY 10-15 MINUTES. THIS DID NOT HAPPEN EVERY TIME THE ENGINE WAS TURNED OFF. THE SERVICE DEALER COULD NOT DUPLICATE THE PROBLEM, BUT THEY DID INFORM THE CONTACT THAT THIS SPECIFIC MODEL YEAR HAD INTERMITTENT STALLING PROBLEM. THE VEHICLE DID NOT HAVE BRAKING CAPABILITY. THERE WAS FILE NUMBER 1-34-55-39614 WITH THE LOCAL CHEVROLET DEALER. *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 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.