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 ☐
2005 NOV 16 PM 1:15 01-NOV-2005	Reference No. 10141435

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City GREENVILLE	State IN	Zip Code	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 a[illegible] your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 11/7/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GBDM19Z7	CHEVROLET	ASTRO	1994

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
26-JUN-95	JOHN JONES GM CITY UNKNOWN			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City CORYDON	State IN	Zip Code		

Transmission Type		Powertrain	Vehicle Component Codes
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	034200 SERVICE BRAKES, HYDRAULIC:FOUNDATION COMPONENTS Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-OCT-2005	140000	30	

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), 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).

DT: THE CONTACT STATED THAT WHILE DRIVING AT 30 MPH THE METAL BRAKE LINE BURST ED ON THE LEFT FRONT DRIVER'S SIDE OF THE VAN WITHOUT ANY PREVIOUS INCIDENT. THE LINE BROKE AS BRAKE PRESSURE WAS APPLIED. SHE AVOIDED A COLLISION AND WAS ABLE TO PULL OVER. THE BRAKE PEDAL WAS PUSHED ALL THE WAY TO THE FLOOR. THE CONTACT'S HUSBAND DROVE THE VEHICLE HOME WITH THE EMERGENCY BRAKE APPLIED AS A PRECAUTIONARY MEASURE. THE VEHICLE WAS TAKEN TO AN INDEPENDENT REPAIR SHOP WHO CONFIRMED THE PROBLEM WITH THE BRAKE LINES. THE MECHANIC REPLACED THE ENTIRE BRAKE LINE. SINCE THE REPAIR THERE HAVE BEEN NO FURTHER PROBLEMS. *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.

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).