



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 DEC -7
16-NOV-2005

Repository
Reference No.
10142927

OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City CHULA VISTA State CA Zip Code [Redacted]

Daytime Telephone Number [Redacted] E-mail Address [Redacted]
Evening Telephone Number [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 authorized signature or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 11/29/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GBHG31F2Y1 [Redacted] Make CHEVROLET Model EXPRESS Model Year 2000

Date Purchased 25-DEC-99 Dealer's Name and Telephone Number A-2 BUS SALES 800-622-4444
Original Owner Dealer's City COLTON State CA Zip Code 92324
Engine: No: Cylinders 8 Fuel Type: Diesel

Transmission Type AUTOMATIC Antilock Brakes Cruise Control
Powertrain REAR WHEEL DRIVE Vehicle Component Code 073000 FUEL SYSTEM, GASOLINE:FUEL INJECTION SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 14-APR-2004 Failure Mileage 99064 Failure Speed [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R15) [Redacted]
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location: [Redacted]
Tire Component Code [Redacted] Tire Failure Type [Redacted]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

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 [Redacted] Number of Deaths [Redacted] 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: THE CONTACT STATED WHILE DRIVING THE VEHICLE IT STALLED INTERMITTENTLY. ALSO, IT STALLED WHEN SLOWING DOWN OR WHEN STOPPING. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, AND THE FUEL INJECTOR PUMP WAS REPLACED. THIS REPAIRED THE 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.