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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 DEC -7 P 6:02 16-NOV-2005	Reference No. 10142929

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City CHULA VISTA | State CA | Zip Code [redacted]

Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address [redacted]

Do you authorize NHTSA [redacted] urer of your vehicle? [X] YES [ ] NO
In the absence of an auth [redacted] 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	Make	Model	Model Year
1GBHG31F911 [redacted]	CHEVROLET	EXPRESS	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
14-NOV-00	A-2 BUS SALES 800-622-4440			No: Cylinders 8	Diesel
Original Owner [X]	Dealer's City COLTON	State CA	Zip Code 92324		

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
08-NOV-2005	86338	

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: DOTMAL9ABC036)	[ ] 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 [X] No	[ ] Yes [X] 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 WHILE DRIVING VEHICLE STALLED INTERMITTENTLY. ALSO, STALLED WHEN SLOWING DOWN OR WHEN STOPPING. THE VEHICLE WAS TAKEN TO THE DEALERSHIP, AQND 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