



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

03-MAY-2007

Repository

Reference No.
10189617

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City CHARLOTTE

State MI

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

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 an authorized signature, please print the name and address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/14/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GNEL19W7WE [REDACTED]

Make
CHEVROLET

Model
ASTRO

Model Year
1998

Date Purchased

Dealer's Name and Telephone Number

Engine:
No: Cylinders 6

Fuel Type:
Gas

Original Owner

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

Antilock Brakes
 Cruise Control

Powertrain
ALL WHEEL DRIVE

Vehicle Component Code
036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
Multiple Failure: 100

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-JAN-2007

Failure Mileage
85000

Failure Speed
10

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

Fire

Number of Persons Injured

Number of Deaths

Reported to Police

Yes No

Yes No

0

0

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).

TL*THE CONTACT OWNS A 1998 CHEVROLET ASTRO. WHILE DRIVING 10 MPH THE ANTILOCK BRAKE SYSTEM ACTIVATED AND THE CONTACT HAD TO SWERVE TO AVOID STRIKING ANOTHER VEHICLE. THE FAILURE OCCURRED WITHOUT WARNING WHEN BRAKING AT LOW SPEEDS. THE MANUFACTURER STATED THAT THIS VEHICLE WAS NOT INCLUDED IN THE RECALL AND WILL NOT PAY FOR THE REPAIR. THE CURRENT MILEAGE IS 88,000, AND FAILURE MILEAGE WAS 85,000*AK.

Dealer repaired at no cost to owner, said they would
"work it out" with GM, see attached.

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.

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).