



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
(1-888-327-4238)
INTERNET www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1368

Date Received: 2003 MAR 17 PM 2:50
13-FEB-2003
Repository:
Reference No.: 10007330

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: RALEIGH State: NC 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?
In the absence of an answer, your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 3/1/03 YES NO

VEHICLE INFORMATION

12 digit Vehicle Identification Number Located at Bottom of windshield on driver's side
PLEASE PROVIDE: 1GNFK1K165J352546
Make: CHEVROLET Model: SUBURBAN Model Year: 1995

Date Purchased: FEB 1995 Dealer's Name and Telephone Number: 919-934-6441
BOBBY MURRAY CHEVROLET INC
Engine: V8 No: Cylinders 8 Fuel Type: GAS
Original Owner: Dealer's City: RALEIGH State: NC Zip Code: 27604

Transmission Type: AUTO Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 220000 SEATS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 09-FEB-2003 Failure Mileage: [Redacted] 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: DOTM1A9ABC036): [Redacted] 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).

THE DRIVER SEAT TRACK WAS LOOSE, WHICH CAUSED THE SEAT TO MOVE. *JB
DRIVE SEAT FRAME BROKEN
SEAT ROCKS BACK AND FORTH

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.