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

2003 MAY -7 PM 12:38

FOR AGENCY USE ONLY 1373

Date Received	Repository ☐
APR-2003	Reference No. 10015385

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]		
City: FORT WORTH	State: TX	Zip Code: [redacted]	Evening Telephone Number: [redacted]

Do you authorize NHTSA to forward your complaint to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an [redacted] to your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 4/22/03

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3GNEC16R0VG162043	CHEVROLET	SUBURBAN	1997

Date Purchased	Dealer's Name and Telephone Number			Engine: 5.7 L. No: Cylinders 8	Fuel Type:
5-26-97	Bruce Lowrie 817-293-5811				
Original Owner ☒	Dealer's City: Ft. Worth	State: TX	Zip Code: 76134		

Transmission Type		Powertrain	Vehicle Component Code	
Auto	☒ Antilock Brakes ☒ Cruise Control	UNKNOWN	010000 STEERING	
			Multiple Failure: 1	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
3-1-02	40,000	35 mph

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: DOTMA3ABC036)	☐ 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).

WHEN THE VEHICLE MADE A TURN, THE STEERING WHEEL WOULD BECAME LOOSE. THE VEHICLE JERKED INTO THE NEXT LANE, AND THE STEERING WHEEL BECAME STIFF AFTER IT JERKED. THE PROBLEM ONLY HAPPENED WHEN A LEFT OR RIGHT TURN WAS MADE. THE MECHANIC INDICATED THE EVO SENSOR WAS GOING OUT AND NEEDED TO BE REPLACED. *JB

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