



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 100079

Date Received: 2003 JUN 15
 04-JUN-2003
 Repository: 1002288

OWNER INFORMATION (Type or Print)

Name: [Redacted]
 Address: [Redacted]
 City: SAINT CLAIR SHORES 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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
 Signature of Owner: _____ Date: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side): _____
 Make: CHEVROLET Model: SUBURBAN Model Year: 2002
 Date Purchased: 10-01 Dealer's Name and Telephone Number: BUFF WHEELER 810-959-7300 Engine: No. Cylinders: 8 Fuel Type: GAS
 Original Owner: Dealer's City: WARREN State: MI Zip Code: _____
 Transmission Type: Antilock Brakes Powertrain: _____ Vehicle Component Code: 020000 SUSPENSION
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-JUN-2003
 Failure Message:
 Failure Speed:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: FIRESTONE Tire Model (Name or Number): WILBERNOSS AE Tire Size (Example P215/65R15): P265/70R16
 DOT No. (Example: DOT1A19ABC036): Original Equipment Prior Repair Failure Location: ON CAR
 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), condition, and injury(ies).)

Crash: Yes No Fire: Yes No
 Number of Persons Injured: _____ Number of Deaths: _____ 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).

TWO FRONT TIRES WORE OUT PREMATURELY, DEALER REFUSED TO MAKE ALIGNMENT TO 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 93-502) 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Circuit became scalped on inside at 20,000 miles
Roof to dealer, they said we needed to replace
at 7,000 miles, which we never did. This soon
with any gas we pumped, would not do any
alignment to verify that was problem, only for
a few weeks we thought they should do free
to check problem they just looked at windshield
and said everything was O.K.

Do not buy of this as true problem or
alignment problem.

I've done shortly after pay for tire rotation
& alignment at another dealer.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



U.S. Department of Transportation
National Highway Traffic Safety
Administration
<http://www.nhtsa.gov>



DOT Auto Safety Hotline
(DASH) 2 DOT

1-888-DASH-2-DOT
1-888-327-4238

and dial toll free at

DASH2DOT

TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
ON

DOT AUTO SAFETY HOTLINE

**VEHICLE
OWNER'S
QUESTIONNAIRE**