



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

Date Received

2003 JUL 25 AM 10:26

Od_or _____
rt_dt _____
ad_rt _____
up_lr _____

Reference No.

10032452

OWNER INFORMATION (Type or Print)

Name _____
Street No. _____ Apt. No. _____
City Saline State MI Zip Code _____

Daytime 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 _____ name or address to the vehicle manufacturer.

Signature of Owner _____ Date 7/16/03

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) <u>1HVBBAAP2XH237163</u>		Make <u>DHC</u>	Model <u>3800</u>	Year <u>1999</u>
Purchased Date <u>2-9-00</u>	Dealer's Name <u>TRI COUNTY IH</u>		Engine Size (CID/GCC) <u>4.6</u>	<input checked="" type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>DEARBORN</u>	State <u>MI</u>	Zip Code <u>48126</u>	No. Cylinders <u>6</u>
Manufacture Date (on driver's door or pillar) <u>9-99</u>	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Minor Belt <input type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt	Crutch Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other <u>SCISSOR-LIFT</u>	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>7200-407</u>	

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) <u>FRONT CALIPERS PADS ROTORS</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--	--

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name		
Complete Tire Size	DOT No.		
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---

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

Road race brakes in front overlocking - Rotors warped
Found excessive drag on front brakes - over heating caused
Rotor warpage and ABS sensor damage due to heat Replaced
Rotors - Calipers - PADS on front axle Mileage 11221
AT 20209 mile age found left front pad worn more than
Right - signs of excessive heat at caliper and wheel ROR
Calipers and PADS

Continues on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your responses may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Mail postage free or fax to 202-366-7882

**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).**