



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 335

Date Received

2 AM 8:48

15-AUG-2003

Repository ☐

Reference No.
10034039

OWNER INFORMATION (Type or Print)

Name

Address

City

KALAMA COO

State MI

Zip Code

Daytime Telephone Number

Evening Telephone Number

E-mail Address

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, provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 8/30/03

VEHICLE INFORMATION

17 Digit Vehicle Identification Number located at bottom of windshield on driver's side

3GNKG26F7XG164665

Make

CHEVROLET

Model

SUBURBAN

Model Year

1999

Date Purchased

Dealer's Name and Telephone Number

Engine:

No. Cylinders

Fuel Type:

Original Owner

Dealer's City

State

Zip Code

Transmission Type

☐ Antilock Brakes

Powertrain

☐ Cruise Control

Vehicle Component Code

081000 ENGINE AND ENGINE COOLING:ENGINE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

Failure Mileage

60000

Failure Speed

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: DOTM15ABC036)

☐ 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

☐ 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).

DRIVER NOTICED OIL ON THE GROUND IN DRIVEWAY, CONSUMER BELIEVES FIRE MAY START FROM OIL LEAK. *AK

ALSO, DRIVER SMELLED SMOKE AND NOTICED OIL STAINS ON THE EXHAUST PIPE.

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.