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 100161

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Repository ☐
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OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City HOLLYWOOD | State FL | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address

Do you authorize NH[redacted] *to the manufacturer of your vehicle?* ☐ YES ☒ NO
In the absence of a[redacted] *ovide your name or address to the vehicle manufacturer.*
Signature of Owner [redacted] Date 9/14/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
3GNGC26J3XG183862	CHEVROLET	SUBURBAN	1999

Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
12/99	ED MORSE	8	GAS

Original Owner ☐
Dealer's City Ft. Lauderdale | State FLA | Zip Code

Transmission Type | ☐ Antilock Brakes ☐ Cruise Control | Powertrain
Vehicle Component Code: 120000 EXTERIOR LIGHTING
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
9/23/03	29587		HAZARD LIGHT SW. (Brake Stop Lights) TURN SIGNALS

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: DOTMAL9ABC036) | ☐ 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).

MULTI-FUNCTION SWITCH THAT CONTROLS THE HAZARD LIGHTS AND THE TURN SIGNAL LIGHTS MALFUNCTIONED, CAUSING THE TURN SIGNAL LIGHTS NOT TO OPERATE. *AK Brake Stop Lights

GM Advises a Recall has been established for this problem but the Suburban is not part of the recall. Hard to believe that the same failure is not taken care of by the manufacturer. It is the same part as the [illegible] listed on the recall. Please reimburse me $250 deductible charge as this is the same defect as the recall on other GM Vehicles. [illegible]
Thank you [illegible]

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

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).