



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

Date Received
08-OCT-2008
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Repository
Reference No.
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OWNER INFORMATION (Type or Print)

Name [Redacted]
Address [Redacted]
City NEW CITY State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted]
Evening Telephone Number [Redacted]
E-mail Address [Redacted]

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, NHTSA will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [Redacted] Date 10/14/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3GNBK26U23G275973
Make CHEVROLET Model SUBURBAN Model Year 2003
Date Purchased 5/00/03 Dealer's Name and Telephone Number Jim Smith Chevrolet - 845-356-5600
Original Owner Dealer's City Chestnut Ridge State NY Zip Code 10972
Engine: No: Cylinders 8 Fuel Type: G
Transmission Type Antilock Brakes Cruise Control Powertrain
Vehicle Component Code 104000 POWER TRAIN:TRANSFER CASE (4-WHEEL DRIVE)
Multiple Failure: 8

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) Failure Mileage 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: DOTM18A8C036) 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).

WHILE DRIVING FOUR WHEEL DRIVE SHIFT STICKS, CAUSING THE VEHICLE NOT TO ACCELERATE PROPERLY. GENERAL MOTORS SAYS THIS IS AN ELECTRICAL PROBLEM, AND IS LOOKING INTO THE PROBLEM. *AK

I believe GM has been stalling in addressing the problem since its 1st occurrence in July. They have failed to follow up and continue to do so.

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 responses 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.