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

2004 FEB 19 AM 10:22

FOR AGENCY USE ONLY 252

Date Received	Repository ☐
22-JAN-2004	Reference No. 10054212

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	[redacted]	E-mail Address
Address	[redacted]	Evening Telephone Number		
City	EAST OTTO	State	NY	Zip Code [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCHK29U53E196211	CHEVROLET	SILVERADO	2003

Date Purchased	Dealer's Name and Telephone Number	Engine: No. Cylinders	Fuel Type:
12/12/02	[redacted] CHEVROLET WEST SENR	8	GAS
Original Owner ☒	Dealer's City: HAMBURG NY. State: NY Zip Code: 14075		

Transmission Type		Powertrain	Vehicle Component Code
AUTO	☒ Antilock Brakes ☒ Cruise Control	4 X 4	030000 SERVICE BRAKES, HYDRAULIC
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
15-JAN-2004	24,000	2-3 MPH

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: DOTMALSAIC035)	☐ 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 Manufacoured:	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	0	0	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 APPLYING THE BRAKES, THE PEDAL WENT TO THE FLOOR. THE DRIVER PUMPED THE BRAKE PEDAL AND THE BRAKES RELEASED POWER. THE CONSUMER WAS able TO DRIVE THE VEHICLE TO THE DEALER FOR ANALYSIS. *JB

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 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.