



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 100184  
Date Received: 08-FEB-2004  
Repository:   
Reference No.: 10057725

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: WYNNEWOOD State: OK 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 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 or driver's side: 2GCEK1970X [Redacted]  
Make: CHEVROLET Model: CHEVROLET TRUCK Model Year: 1999  
Date Purchased: New Dealer's Name and Telephone Number: Brown Motor Co 940-665-5591  
Original Owner:  Dealer's City: GAINESVILLE State: TX Zip Code: 76240  
Engine: No. Cylinders: 8 Fuel Type: [Redacted]  
Transmission Type:  Antilock Brakes Powertrain: [Redacted]  
 Cruise Control Vehicle Component Code: 036100 SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/AM  
Multiple Failure: 1

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 02-FEB-2004 Failure Mileage: 62000 Failure Speed: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P215/B5R15): [Redacted]  
DOT No. (Example: DOTM19ABC038): [Redacted]  Original Equipment  Prior Repair Failure Location: [Redacted]  
Tire Component Code: [Redacted] Tire Failure Type: [Redacted]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [Redacted] Date Manufactured: [Redacted] Model No./Name: [Redacted]  
Seat Type: [Redacted] Installation System: [Redacted]  
Child Seat Component Code: [Redacted] Failed Part: [Redacted]

**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: 0 Number of Deaths: 0 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).

WHEN VEHICLE WAS TURNED OFF ABS MODULE WAS STILL RUNNING. CONSUMER APPROACHED THE VEHICLE AFTER HEARING A HUMMING SOUND COMING FROM THE DRIVER'S SIDE. AFTER GETTING UNDER THE VEHICLE ABS MODULE WAS HUMMING AND WAS EXTREMELY HOT TO TOUCH. \*AK

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

The Privacy Act of 1974 (Public Law 93-502) 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.

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

Drove vehicle approximately 1/4 mile. Parked for 2 hours. When started, vehicle was making a strange sound. My wife drove truck home and when she turned the key off the motor on the ABS system kept running. My son-in-law unplugged motor. My concern is that we could have been traveling and the problem which occurred could have caused a fire. My grandson had an identical truck with the same failure. I feel there is a defect with this part and I would like for the manufacturer to address this problem. Thank you for your concern.

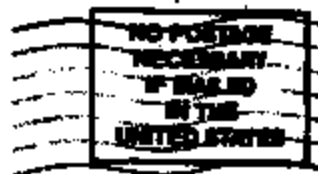
ATTACH ADDITIONAL SHEETS IF NECESSARY

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National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



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**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

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