



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100182

Date Received: 17-MAR-2001 24
Repository:
Reference No.: 700731408

OWNER INFORMATION (Type or Print)

Name: [Redacted] Vehicle Identification Number: [Redacted] E-mail Address: [Redacted]
Address: [Redacted]
City: BRIDGEVIEW State: IL Zip Code: [Redacted] Evening Telephone Number: [Redacted]

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 05/25/01

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 3GNFK16Z12G152438 Make: CHEVROLET Model: SUBURBAN Model Year: 2002
Date Purchased: 11-17-01 Dealer's Name and Telephone Number: Gibson Chevrolet Engine: No. Cylinders: 8 Fuel Type: GN
Original Owner: Dealer's City: South Holland State: IL Zip Code: 60475
Transmission Type: [Redacted] Antilock Brakes Powertrain: [Redacted] Vehicle Component Code: 138000 VISIBILITY:DEFROSTER/DEFOGGER SYSTEM
 Cruise Control Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [Redacted] Failure Mileage: 2000 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 P215/65R15): [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: [Redacted] Number of Deaths: [Redacted] 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 DRIVING THE AIR VENT IS RELEASING A TOXIC FUME. DRIVER AND PASSENGERS ARE GETTING SICK AND DIZZY. CONSUMER TOOK THE VEHICLE TO THE DEALER ON THREE DIFFERENT OCCASIONS. HOWEVER, DEALER CANNOT PIN POINT THE PROBLEM. *AK

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Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. 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.