



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 10D147

Date Received

2004 AUG 30 PM 5:58
NOV 2004

Repository

Reference No.
10076048

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City TYNAN State TX Zip Code [REDACTED]

Daytime Telephone Number (000)000-0000

E-mail Address

Evening Telephone Number

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, please provide your name or address to the vehicle manufacturer.

Signature of Owner [REDACTED] Date 8/12/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3GNEC16293G [REDACTED]
Make CHEVROLET Model SUBURBAN Model Year 2003
Date Purchased 12-24-02 Dealer's Name and Telephone Number Castorcar 361 541-3331 Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City State TX Zip Code 78368
Transmission Type Auto Antilock Brakes Powertrain Vehicle Component Code 133000 VISIBILITY:POWER WINDOW DEVICES AND CONTROLS
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 4-7-MAY-2004
5 Feb. 2004
Failure Mileage 30,000
Failure Speed 70

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/66R16)
DOT No. (Example: DOTM4LSABC036) Original Equipment Prior Repair Failure Location:
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).

WHILE DRIVING 70 MPH, THE DRIVER'S SIDE WINDOW EXPLODED OUT OF THE VEHICLE WITHOUT WARNING. THE CONSUMER STATES THAT, THERE WAS NO OBJECTS THAT HIT THE WINDOW. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY
The Privacy Act of 1974-Public Law 93-578 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.

**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).**