



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  
(1-888-327-4239)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100222

Date Received **04 AUG 2004** Repository

Reference No. **100070134**

**OWNER INFORMATION (Type or Print)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City **WAYNE** State **MI** Zip Code **48090**

Daytime Telephone Number \_\_\_\_\_

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date **8/10/04**

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side **3GNFK16T34** Make **CHEVROLET** Model **SUBURBAN** Model Year **2004**

Date Purchased **10/03** Dealer's Name and Telephone Number **Clare Chevrolet** Engine: \_\_\_\_\_ Fuel Type: **Gas**  
No. Cylinders \_\_\_\_\_

Original Owner  Dealer's City **Clifton** State **MI** Zip Code **48003**

Transmission Type **AUTOMATIC**  Antilock Brakes **Powertrain** Vehicle Component Code **141100 AIR BAGS-FRONTAL-SENSOR/CONTROL MODULE**  
 Cruise Control **4 WHEEL DRIVE** Multiple Features **5**

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

Incident Date(s) **04-AUG-2004** Failure Mileage **11253** 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: DOTMALBABC036)  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).

**AIR BAG LIGHT WAS ON AND WILL NOT GO OFF. DEALER SERVICED THE VEHICLE FOUR TIMES. IT WAS DONE AGAIN TODAY, AND THE LIGHTS WERE BACK ON. \*AK**

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