



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 T11

Date Received: 13-AUG-2004
Repository: 10087820

OWNER INFORMATION (Type or Print)
Name: [Redacted]
Address: [Redacted]
City: CHELMSFORD State: MA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
Signature of Owner: [Redacted] Date: 8/10/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: [Redacted]
Make: GMC Model: SUBURBAN Model Year: 1999
Date Purchased: [Redacted] Dealer's Name and Telephone Number: [Redacted]
Original Owner: Dealer's City: [Redacted] State: [Redacted] Zip Code: [Redacted]
Transmission Type: AUTOMATIC
 Antilock Brakes
 Cruise Control
Powertrain: [Redacted]
Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC; ANTILOCK
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 02-AUG-2004
Failure Mileage: [Redacted]
Failure Speed: 25 MPH

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: DOTM1S9ABC036): [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), condition(s), and injury(ies).)
Crash: Yes No Fire: Yes No
Number of Persons Injured: [Redacted] Number of Deaths: [Redacted] Reported to Police: Y

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).

CONSUMER WAS DRIVING 25 MPH APPLIED THE BRAKES TO AVOID REAR ENDING ANOTHER VEHICLE FROM A PANIC STOP AND BRAKES FAILED TO STOP THE VEHICLE, AND IT STILL MADE SLIGHT REAR CONTACT WITH OTHER VEHICLE, BUT SWERVED AND ROLLED ON TOP OF THE SIDEWALK. CONSUMER WAS TOLD BY A MECHANIC THAT THEY HAVE FULL STOPPING ABILITY. ALSO, THAT THE BRAKES SYSTEM WAS CHANGED IN THE 2000'S VEHICLES. *AK

Do NOT

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 Administration 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.