



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 100145

Date Received

59 20-SEP-2004

Repository

Reference No.  
10092941

OWNER INFORMATION (Type or Print)

Name

Address

City NEWPORT BEACH

State CA

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
(In the absence of an authorized NHTSA contact, please provide your name or address to the vehicle manufacturer.)

YES  NO

Signature of Owner

Date 10/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

1GNFK16T74J

Make

CHEVROLET

Model

SUBURBAN

Model Year

2004

Date Purchased  
01-MAY-04

Dealer's Name and Telephone Number  
DeLillo Chevrolet

Engine:

No. Cylinders

Fuel Type:

Gas

Original Owner

Dealer's City  
Huntington Beach, CA

State

CA

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Powertrain

Cruise Control

Vehicle Component Code

103300 POWER TRAIN: AUTOMATIC TRANSMISSION: GEAR POSITION

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

14-SEP-2004

Failure Mileage

3000

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: DOTM18ABC030)

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

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).

VEHICLE WAS ABLE SWITCH GEARS WITHOUT APPLYING BRAKES. AS A RESULT, VEHICLE ROLLED DOWN THE DRIVEWAY WITH A FOUR YEAR OLD CHILD INSIDE. NO IMPACT REPORTED. \*AK

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) 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.