



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 241

Date Received

Repository

2005 FEB 18
11 12:24
24 JAN 2005

Reference No.
10108555

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CABOT State: AR Zip Code: [REDACTED]

Dealer Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

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: ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield, in driver's side: [REDACTED]
PLEASE FILL IN: 1GNEC1G3 [REDACTED]
Make: CHEVROLET Model: SUBURBAN Model Year: 2003
Date Purchased: 02-JAN-03 Dealer's Name and Telephone Number: GWATNEY CHEV. 501-982-2102
Engine: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: JACKSONVILLE State: AR Zip Code: 72078
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: REAR WHEEL DRIVE
Vehicle Component Code: 015000 STEERING; HYDRAULIC POWER ASSIST SYSTEM
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-DEC-2004 Failure Mileage: 50000 Failure Speed: 0 To 10 MPH
Date: 21 JAN 05

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: DOTM19ABC036): _____ 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).

THE POWER STEERING WOULD GO OUT INTERMITTENTLY AND MOMENTARY WHILE TURNING AT LOW SPEED. THE VEHICLE IS AT THE DEALER BEING INSPECTED. THE PROBLEM HAS NOT BEEN DETERMINED. *NM

SEE REPAIR INVOICE ATTACHED

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.

**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).**