



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100222

Date Received

25-FEB-2005

Repository

Reference No. 10113049

**OWNER INFORMATION (Type or Print)**

Name

Address

City DANVILLE

State IL

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

YES  NO

Signature of Owner

Date 3/15/05

**VEHICLE INFORMATION**

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

PLEASE PROVIDE

IGNFK36Z02

Make

CHEVROLET

Model

SUBURBAN

Model Year

2002

Date Purchased  
4-22-02

Dealer's Name and Telephone Number  
BRYANT CHEV 765-762-6121

Engine:  
No. Cylinders 8

Fuel Type:  
Gas

Original Owner

Dealer's City  
ATTICA

State IN

Zip Code 47718

Transmission Type  
AUTOMATIC

Antilock Brakes  
 Cruise Control

Powertrain  
4 WHEEL DRIVE

Vehicle Component Code  
220000 SEATS

Multiple Failure: 1

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

Incident Date(s)  
12-OCT-2004

Failure Mileage  
54500

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: DOTM19A8C036)

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; e.g. parts repaired or replaced (and if old part is available).

THE RIVETS ON THE DRIVER SEAT ARE LOOSE, THE SEAT MOVES, AND THE NOISE IS ANNOYING. THE ENTIRE TRACK HAS TO BE REPLACED AT THE OWNERS EXPENSE. \*NM

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 responses 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).**