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| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration   | DOT Auto Safety Hotline<br><b>Vehicle Owner's Questionnaire</b><br>To Report Vehicle Safety Defects<br>1-888-DASH-2-DOT<br>(1-888-327-4236)<br>INTERNET: www.nhtsa.dot.gov/hotline |                                    | FOR AGENCY USE ONLY 100148   |  |
|  | Name _____<br>Address _____<br>City <u>AUBURN</u> State <u>NY</u> Zip Code _____   |                                    | Date Received<br>03-MAY-2005 <sup>2005 MAY 26</sup>  | Repository <input type="checkbox"/><br>Reference No. <u>26</u><br>10119550 |
| Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.   |  |                                    | <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO   |  |
| Signature of Owner _____ Date <u>05/11/05</u>  |  |                                    | Daytime Telephone Number _____<br>Evening Telephone Number _____<br>E-mail Address _____                                   |  |
| <b>VEHICLE INFORMATION</b>   |  |                                    |  |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side<br><u>2GCEK19R4Y1</u>  |  | Make<br><u>CHEVROLET</u>           | Model<br><u>SR VERADO</u>  | Model Year<br><u>1997</u>  |
| Date Purchased<br><u>03-OCT-98</u>   | Dealer's Name and Telephone Number _____<br>Dealer's City _____ State _____ Zip Code _____   |                                    | Engine:<br>No. Cylinders <u>8</u>  | Fuel Type:<br><u>Gas</u>   |
| Transmission Type<br><u>AUTOMATIC</u>  | <input checked="" type="checkbox"/> Antilock Brakes<br><input checked="" type="checkbox"/> Cruise Control  | Powertrain<br><u>4 WHEEL DRIVE</u> | Vehicle Component Code<br><u>036100 SERVICE BRAKES, HYDRAULIC; ANTILOCK; CONTROL UNIT/M</u><br>Multiple Failures: <u>3</u> |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>   |  |                                    |  |  |
| Incident Date(s)<br><u>01-MAY-2005</u>   | Failure Mileage<br><u>71000</u>  | Failure Speed<br><u>0-5mph</u>     | <u>ABS SENSORS (FRONT)</u>   |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>  |  |                                    |  |  |
| Tire Make _____  | Tire Model (Name or Number) _____  |                                    | Tire Size (Example P215/65R15) _____   |  |
| DOT No. (Example: DOTM123ABC038) _____   | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair   | Failure Location: _____            |  |  |
| Tire Component Code _____  |  |                                    | Tire Failure Type _____  |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>  |  |                                    |  |  |
| Make: _____  | Date Manufactured: _____   | Model No./Name: _____              |  |  |
| Seat Type: _____   |  | Installation System: _____         |  |  |
| Child Seat Component Code: _____   |  | Failed Part: _____                 |  |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br><small>(Please describe or detail the condition, failure, and injury.)</small>   |  |                                    |  |  |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | Number of Persons Injured _____    | Number of Deaths _____   | Reported to Police<br><u>N</u>   |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure;<br>i.e. parts repaired or replaced (and if old part is available).  |  |                                    |  |  |
| CONSUMER STATES: <u>ABS SENSOR FAILED 3 TIMES. AT LOW SPEED STOPS THE ABS BRAKES WILL ACTIVATE, VEHICLE WILL NOT STOP JUST ROLL *AK</u><br><u>ABS SENSOR FAILS REPEATEDLY, HAS BEEN REPLACED APPROX 3 TIMES.</u>   |  |                                    |  |  |
| Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. <span style="float: right;">ATTACH ADDITIONAL SHEETS IF NECESSARY</span>   |  |                                    |  |  |
| <small>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.</small> |  |                                    |  |  |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

CHEVY DEALERSHIP IS AWARE THAT THERE IS A PROBLEM. THIS IS A COMMON OCCURRENCE ACCORDING TO CHEVY DEALERS.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NVS-216 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS

COMPLETE THIS FORM

OR

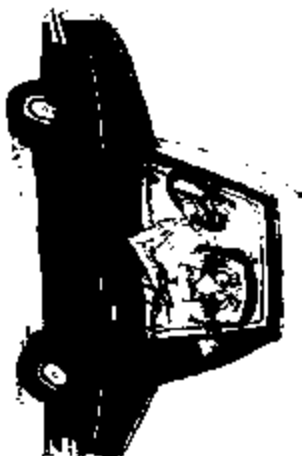
DASH2DOT

and dial toll free at

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



U.S. Department of Transportation National Highway Traffic Safety Administration www.nhtsa.dot.gov/hotline