



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 100149

Date Received: 17-JUN-2005
Repository:
Reference No.: 10125581

OWNER INFORMATION (Type or Print)

Name: _____
Address: _____
City: CAMRUS State: NY Zip Code: _____

Daytime Telephone Number: _____
Evening Telephone Number: _____
E-mail Address: _____

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: 6/27/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GCDT1304K
Make: CHEVROLET Model: S-10 Model Year: 2004
Date Purchased: 20-FEB-05 Dealer's Name and Telephone Number: ROMANO CHEVY
Original Owner: Dealer's City: SYRACUSE State: NY Zip Code: _____
Engine: No: Cylinders: 6 Fuel Type: Gas
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 034530 SERVICE BRAKES, HYDRAULIC; FOUNDATION COMPONENTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-JUN-2005 Failure Mileage: 13,500 Failure Speed: 50 MPH
FRONT ROTORS BADLY WARPED

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: DOTM18ABC038) Original Equipment Prior Repair Failure Location: _____
Tire Component Code: _____ Tire Failure Type: _____

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Name: _____ 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, i.e. parts repaired or replaced (and if old part is available).

DT: CONTACT STATES VEHICLE VIBRATES AT HIGH SPEEDS. THE SERVICE DEALER STATED THIS WAS A BRAKE PROBLEM; THE ROTORS WERE WARPED NOT COVERED UNDER THE WARRANTY. THE ROTORS HAVE BEEN REPLACED. IN WARMER WEATHER THE VIBRATION GOT WORSE. *AK

ROTORS REPLACED BY INDEPENDENT SERVICE SHOP,
DEALER REFUSED TO REPLACE THEM UNDER
WARRANTY

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.