



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 100148

Date Received

27-JUN-2005 AUG

Repository

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**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City HARVARD State IL Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address [REDACTED]

Evening Telephone Number [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 owner's signature, provide your name or address to the vehicle manufacturer.  
Signature of Owner [REDACTED] Date 7/10/05

**VEHICLE INFORMATION**

17-Digit Vehicle Identification Number Located on Left Side of Windshield on Driver's Side: 1GNFK16Z8 [REDACTED]  
Make CHEVROLET Model SUBURBAN Model Year 2002  
Date Purchased [REDACTED] Dealer's Name and Telephone Number [REDACTED] Engine: No. Cylinders 8 Fuel Type: Gas  
Original Owner  Dealer's City [REDACTED] State [REDACTED] Zip Code [REDACTED]  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain 4 WHEEL DRIVE  
Vehicle Component Code 038000 SERVICE BRAKES, HYDRAULIC; ANTILOCK  
Multiple Failure: 1

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

Incident Date(s) 01-MAY-2005 Failure Mileage [REDACTED] Failure Speed [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15) [REDACTED]  
DOT No. (Example: DOTM1LBABC036)  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code [REDACTED] Tire Failure Type [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**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 [REDACTED] Number of Deaths [REDACTED] Reported to Police [REDACTED]

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 THE ANTI-LOCK BRAKES PULSATE WHILE THE PEDAL IS DEPRESSED, AND THE VEHICLE WILL NOT STOP. THE SERVICE DEALER STATES THIS IS A KNOWN PROBLEM.\*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.