



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-JUL-2005

Repository ☐

Reference No.
101301C9

OWNER INFORMATION (Type or Print)

Name

Address

City

EAST AURORA

State

NY

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to contact the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of an authorized representative, provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/9/05

VEHICLE INFORMATION

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

1GCEK14W8Y2

Make

CHEVROLET

Model

SILVERADO

Model Year

~~2004~~
2000

Date Purchased
20-JUN-00

Dealer's Name and Telephone Number
EMERLING CHEVROLET 716-941-5255

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☒

Dealer's City
BOSTON

State
NY

Zip Code
14025-0229

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☐ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
13-JUL-2005

Failure Mileage
67000

Failure Speed
5

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

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: CALLER HAD WORK DONE ON ABS SYSTEM THREE YEARS AGO AND CURRENTLY PROBLEM RECURRED. WHEN HE APPLYING THE BRAKES WHILE SLOWING DOWN THE BRAKES DID NOT HOLD, AND VEHICLE KEPT GOING. CALLER WAS TAKING VEHICLE TO A LOCAL MECHANIC TO GET THE WORK DONE THIS TIME. MANUFACTURER HAS NOT BEEN CONTACTED YET. *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.

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

ALTHOUGH THERE HASN'T BEEN ANY COLLISIONS WITH MY TRUCK, THERE HAS BEEN SOME VERY EXCITING MOMENTS WHERE I THOUGHT I WAS GOING TO RUN INTO A BUILDING OR GO THROUGH A STOP SIGN OR RED LIGHT. YOU NEVER KNOW WHEN IT'S GOING TO MALFUNCTION CAUSE IT DOESN'T HAPPEN EVERY TIME YOU COME TO A SLOW STOP, SO IF YOU FORGET ABOUT IT AT THE WRONG TIME IT REALLY OPEN'S YOUR EYE'S WHEN IT HAPPENS. I'VE BEEN VERY LUCKY SO FAR AND I TRY TO BE VERY CONSIDERATE THAT IT COULD HAPPEN AT ANY TIME. MY MECHANIC HAS THE PARTS AVAILABLE AND AS SOON AS I CAN AFFORD TO HAVE IT DONE I'M TAKING IT IN. IT ISN'T CHEAP TO DO!

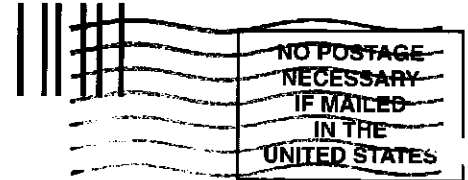
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U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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

Official Business
Penalty for Private Use \$300



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

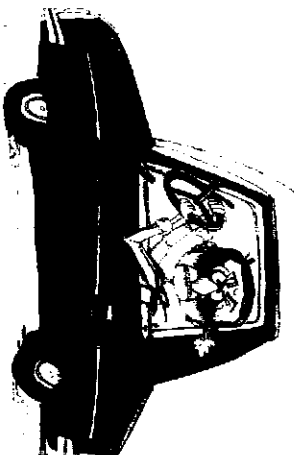
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and dial toll free at

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