



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

25 JUL 01
02-AUG-2006

Repository ☐

Reference No.

10131169

OWNER INFORMATION (Type or Print)

Name

Address

City

PERRYVILLE

State

AR

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? ☐ YES ☒ NO.
In the absence of an owner's signature, please print the name or address to the vehicle manufacturer.
Signature of Owner _____ Date 8/1/06

VEHICLE INFORMATION

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

1GCEC14W512

Make

CHEVROLET

Model

SILVERADO

Model Year

2001

Date Purchased
01-JUL-04

Dealer's Name and Telephone Number
TRUCKS UNLIMITED

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☐

Dealer's City
RUSSELLVILLE

State
AR

Zip Code

Transmission Type
MANUAL

☒ Antilock Brakes
☐ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code

036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Module

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
01-JUN-2005

Failure Mileage
100,000

Failure Speed
1-5 mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P216/66R16)

DOT No. (Example: DOTM16ABC036)

☐ 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: THE CONTACT OWNS A 2001 CHEVROLET SILVERADO. THERE IS AN OPEN NHTSA INVESTIGATION, PE05020. CONTACT KNOWS SEVERAL OTHER PEOPLE WITH THIS SAME TYPE OF BRAKE PROBLEM. THE ANTI LOCK BRAKES WORK SOMETIMES. CONTACT HAS TO PUMP BRAKES SOMETIMES TO MAKE THEM WORK OR PRESS AND RELEASE TO HAVE BRAKE PRESSURE. *AK

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-578) 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)

At low speeds my brakes do not work. Sometimes, I do not really have to pump the brakes as printed but press and if the ABS activates release the pedal and press again. My brother recently had a problem with his ABS module and mine acts the same way.

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

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



**VEHICLE
OWNER'S**

QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

**TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM**

OR

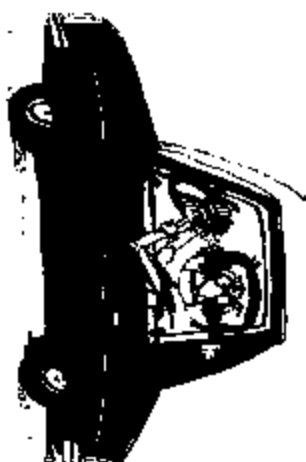
DASH2DOT

and dial toll free at

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(DASH) 2 DOT



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