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	Repository
2005 SEP -9 AM 9:32 09-AUG-2005	
	Reference No. 10132042

OWNER INFORMATION (Type or Print)

Name	Telephone Number	E-mail Address
Address	Evening Telephone Number	
City SAGINAW / State MI / Zip Code		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of [illegible] NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 8/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GKDT13[redacted]	GMC	ENVOY	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	DRAPER CHEVROLET			No: Cylinders	Gas
Original Owner ☐	Dealer's City SAGINAW	State MI	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	ALL WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-JUL-2004	20000		

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: DOTMALSABCD36)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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: AFTER THE OWNER PURCHASED THE VEHICLE THE BRAKES FELT BUMPY. THE OWNER REPLACED THE FRONT ROTORS AND PADS. THEN, THE BACK ROTORS AND PADS WERE REPLACED AS WELL. THE VEHICLE ONLY HAS 37,000 MILES ON IT. THE OWNER DESCRIBES THERE IS A GRABBING FEELING, THE VEHICLE PHYSICALLY MOVES WHEN THE BRAKES ARE APPLIED. WHEN THE BACK RIGHT ROTOR WAS INSPECTED AND THERE WERE GROOVES. THE PAD HAD EATEN INTO THE ROTOR ON THE REAR AND FRONT. ALL THE BRAKES RUSTED. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY