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 NOV 15 02-SEP-2005	Reference No. 10135147

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]		
City GALWAY / State NY / Zip Code [redacted]	Evening Telephone Number same	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? [X] YES [ ] NO
In the absence of an au[redacted]name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/27/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Location at bottom of windshield on driver's side	Make	Model	Model Year
9GKFK18R6WC[redacted]	GMC	SUBURBAN	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
22-FEB-98	GENDRON TRUCK CENTER 518-274-7240			No. Cylinders 8	Gas
Original Owner [X]	Dealer's City TROY	State NY	Zip Code 12180		

Transmission Type			Vehicle Component Code
AUTOMATIC	[X] Antilock Brakes [X] Cruise Control	Powertrain 4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: many times

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
15-AUG-2005 Aug. 31 2005	100000	10	

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: DOTMAL9A8C038)	[ ] 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 [X] No	[ ] Yes [X] 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: THE CONSUMER STATED THE ABS LOCKED UP AT LOW SPEEDS. SHE STATED IT HAPPENS EVERY TIME SHE SLOWED DOWN. IT HAPPENED AT 10 MPH AND SLOWER AND WHEN SHE WAS PULLING INTO A PARKING SPOT. THERE WAS A RECALL ON THIS FOR OTHER GMC VEHICLES. RECALL #05V379000; ANTI-LOCK. THE MANUFACTURER HAS NOT BEEN CONTACTED. THE DEALER WAS CALLED BUT THEY HAVE NO INFORMATION ON THE RECALL YET. On or about 9/15/05 I notified GMC Customer Service (800-222-1020) about the problem; reference #1-362799948. GMC recall #05068. NHTSA campaign ID #05V379000. GMC recall applies to 1999-2002 vehicles. The problem occurs mostly in the "salt belt states". My concern is that our vehicle is a 1998 GMC Suburban. It is not cited as having a defective ABS and therefore not included in the recall. We are experiencing all of the problems exactly as described in all the sites I have looked into. I would like our vehicle included in the recall and for GM to pay for all repairs.

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

Copy of report to NYS Attorney General attached

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

SEE FRONT PAGE

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT
1-888-327-4236

DOT Auto Safety Hotline
(DASH) 2 DOT

Galway, NY [redacted]

U.S. Department of Transportation
National Highway Traffic Safety Administration
www.nhtsa.dot.gov/hotline

ATTORNEY GENERAL ELIOT SPITZER
STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
BUREAU OF CONSUMER FRAUDS AND PROTECTION
The Capitol
Albany, NY 12224-0341
Tel. (518) 474-5481 Fax (518) 474-3618

COMPLAINT FORM

Consumer Hotline 1 (800) 771-7755 For Hearing Impa TDD (800) 788-9
http://www.oag.state.ny.us

1. PLEASE BE SURE TO COMPLAIN TO THE COMPANY OR INDIVIDUAL BEFORE FILING.
2. PLEASE TYPE OR PRINT CLEARLY IN DARK INK.
3. YOU MUST COMPLETE THE ENTIRE FORM. INCOMPLETE OR UNCLEAR FORMS WILL BE RETURNED TO YOU.
4. MAKE SURE YOU ENCLOSE COPIES OF IMPORTANT PAPERS CONCERNING YOUR TRANSACTION.

CONSUMER

YOUR NAME [redacted] | HOME TELEPHONE NUMBER [redacted]

STREET ADDRESS [redacted] | BUSINESS TELEPHONE NUMBER

CITY/TOWN: Galway | COUNTY: Saratoga | STATE: NY | ZIP [redacted]

COMPANY

NAME OF SELLER OR PROVIDER OF SERVICES: GENDRON TRUCK CENTER
STREET ADDRESS: 2702 6th AVE
CITY/TOWN: TROY, NY | STATE | ZIP: 12180
TELEPHONE NUMBER: 518-274-7240

NAME OF OTHER SELLER OR PROVIDER OF SERVICES: SALISBURY CHEVROLET
STREET ADDRESS: 175 FREEMANS BRIDGE RD.
CITY/TOWN: Scotia | STATE: NY | ZIP: 12302
TELEPHONE NUMBER: 518-372-5431

DATE OF TRANSACTION: 2/18/98
COST OF PRODUCT OR SERVICE: $42,906.73
HOW PAID (Check those which apply): ☐ Cash ☐ Check ☐ Credit Card ☐ Other

DID YOU SIGN A CONTRACT? ☒ Yes ☐ No
WHERE DID YOU SIGN THE CONTRACT? dealer's office, Troy, NY
DATE SIGNED: 2/13/98

WAS PRODUCT OR SERVICE ADVERTISED? ☒ Yes ☐ No
WHERE WAS IT ADVERTISED? TV, various publications
DATE ADVERTISED: regularly

TYPE OF COMPLAINT (e.g. car, mail order, etc. Use the reverse side of this form to provide details): vehicle's Automatic Braking System malfunction

DATE YOU COMPLAINED TO THE COMPANY OR INDIVIDUAL: 9/15/05 ☐ By Mail ☒ By Telephone ☐ In Person
PERSON CONTACTED: Eliza in Customer
JOB TITLE: Customer Service Rep.

NATURE OF RESPONSE: Complaint filed with GMC; Ref.#1-362799948
DATE OF RESPONSE: 9/15/05

HAS MATTER BEEN SUBMITTED TO ANOTHER AGENCY OR ATTORNEY? (If "Yes," give name and address)
☒ Yes ☐ No National Highway Traffic Safety Administration; Ref.#ODI 10135147. Spoke with Debra

IS COURT ACTION PENDING? (Please describe as necessary)
☐ Yes ☒ No

ADDITIONAL INFORMATION

MANUFACTURER OF PRODUCT: General Motors Corp.
PRODUCT MODEL OR SERIAL NUM: VIN: 3GKPK16R6WG[redacted]

ADDRESS: 22
WARRANTY EXPIRATION DATE: 8/24/03

DID BUSINESS ARRANGE FINANCING? (If "Yes," give name and address of bank or finance company)
☐ Yes ☒ No

PLEASE DESCRIBE COMPLAINT ON REVERSE SIDE

BRIEFLY DESCRIBE YOUR COMPLAINT Automatic Braking System (ABS) locks up at slow speeds, such as pulling into a parking spot. The first time it happened, near the end of August, 2005, the vehicle failed to stop as it normally did and I almost went into a store window. It continues to happen every time we apply the brakes at a slow speed. General Motors has a recall for this problem for certain 1999 through 2002 vehicles-recall #05068. The problem occurs mostly in the northern "salt belt" states. My concern is that our vehicle is a 1998 GMC Suburban. It is not cited as having a defective ABS and therefore not included in the recall. We are experiencing all of the problems exactly as described in all of the Internet sites I have looked into. I would like our vehicle included in the recall and for GM to pay for all repairs.

WHAT FORM OF RELIEF ARE YOU SEEKING? (e.g., exchange, repair or money back, etc.) to have our vehicle included in the recall & GM to pay for all repairs

WHO REFERRED YOU TO THIS OFFICE? no one did. I would like this problem brought to the attention of the Attorney General's office. I am sure we are not the only ones with this problem.

READ THE FOLLOWING BEFORE SIGNING BELOW

PLEASE ATTACH TO THIS FORM PHOTOCOPIES of any papers involved (contracts, warranties, bills received, canceled checks, correspondence, etc.). **DO NOT SEND ORIGINALS.**

NOTE: In order to resolve your complaint, we may send a copy of this Form to the person or firm about whom you are complaining.

In filing this complaint, I understand that the Attorney General is not my private attorney, but represents the public in enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

I also understand that any false statements made in this complaint are punishable as a Class A Misdemeanor under Section 175.30 and/or Section 210.45 of the Penal Law.

Signature: [redacted] Date: 10-31-05

HAVE YOU ENCLOSED COPIES OF IMPORTANT PAPERS?

Return to: **Office of the Attorney General**
Bureau of Consumer Frauds and Protection
The Capitol