



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  
MAY 23 AM 7:37  
04-NOV-2005

Repository   
Reference No.  
10141785

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City SEABROOK State TX Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]  
Evening Telephone Number [REDACTED]

E-mail Address [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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.  
Signature of Owner \_\_\_\_\_ Date / /

**VEHICLE INFORMATION**

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side 1CNEC18Z1 [REDACTED]		Make (M/C) GMC	Model SUBURBAN	Model Year 2002
Date Purchased 30-NOV-01	Dealer's Name and Telephone Number NORMAN FREDE CHEVROLET 281-486-2200		Engine: No. Cylinders 6	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City HOUSTON	State TX	Zip Code 77068	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Anti-lock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 072100 FUEL SYSTEM, GASOLINE:DELIVERY:FUEL PUMP Multiple Failure: 5	

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

Incident Date(s) 01-MAR-2005	Failure Mileage 75000	Failure Speed 85	
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**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make	Tire Model (Name or Number)	Tire Size (Example P216/65R15)
DOT No. (Example: DOTMALSABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
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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 STATED THE VEHICLE STALLED WHILE DRIVING. HE WAS ABLE TO RESTART THE VEHICLE AND DROVE IT TO THE DEALERSHIP. THE FUEL GAUGE WORKED IMPROPERLY. THE DEALERSHIP SAID THE STALLING PROBLEM WAS CAUSED BY THE FUEL PUMP FAILURE. THE FUEL PUMP HAS BEEN REPLACED. \*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)

This item found a recall of the previous model year as you know. Obviously the seat carried over into some of the vehicles of the following like my vehicle. The stalling incident happen on Interstate 10 in Orange Texas amidst a much highway weather. We were very lucky, but has been unresponsive to my claim for reimbursement. They initially said it would be covered but retracted.



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20690

Official Business Penalty for Private Use \$5



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.



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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 ON

DASH2DOT

and dial toll free at

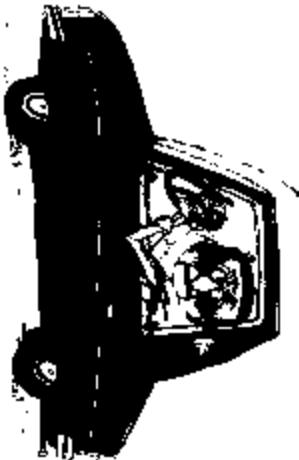
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