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 ☐
2006 JAN 25 AM 9:20 28-DEC-2005	Reference No. 10146219

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City: BRIDGEPORT	State: NY	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 an [illegible] NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 1/9/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCHK29	CHEVROLET	SILVERADO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JAN-06	BRESEE CHEVROLET 315-233-0333			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City: LIVERPOOL	State: NY	Zip Code: 13088		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
02-MAY-2005			

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: DOTMALSABC036)	☐ 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 to 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*: THE CONTACT STATES THERE IS A NHTSA RECALL CAMPAIGN 05378000 CONCERNING THE ANTI-LOCK BRAKES. THIS VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL, BUT IT IS NOT INCLUDED IN THE RECALL DUE TO THE VIN. IN ADDITION, THE FUEL GAUGE INTERMITTENTLY READ THE FUEL TANK AS EMPTY WHEN THE TANK WAS FULL,D AND THE WARNING LIGHT INDICATES A LOW FUEL MESSAGE. NO REPAIRS HAVE BEEN MADE. *AK

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