



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 MAR 17 PM 9:56
17-JAN-2006

Reference No.
10147904

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: ROCKY MOUNT State: NC Zip Code: [Redacted]

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner: _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GCEC19R1V [Redacted]
Make: CHEVROLET Model: SILVERADO Model Year: 1997
Date Purchased: 29-SEP-99 Dealer's Name and Telephone Number: _____
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: AUTOMATIC Antilock Brakes: _____ Powertrain: REAR WHEEL DRIVE
 Cruise Control
Vehicle Component Code: 024000 SUSPENSION:AUTOMATIC STABILITY CONTROL (ASC)
Multiple Failure: 15

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 16-JAN-2006 Failure Mileage: 170000 Failure Speed: 55/60
Failure Description: STEERING SENSOR

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Michelin Tire Model (Name or Number): P215 Tire Size (Example: P215/65R15): P215/75R15
DOT No. (Example: DOTM1SABC035) Original Equipment Prior Repair Failure Location: Edgecombe City, NC
The Component Code: _____ The 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 STATED THE VEHICLE PULLS TO THE RIGHT INTERMITTENTLY. THE PULLING OCCURS SUDDENLY AND LAST FOR ONLY A SECOND. THE CONTACT HAD THE VEHICLE INSPECTED FOR THE PROBLEM BY AN INDEPENDENT REPAIR SHOP IN 2000. THE REPAIR SHOP WAS UNABLE TO DETERMINE THE CAUSE OF THE PULLING. THE PROBLEM CONTINUED AND THE CONTACT CALLED THE LOCAL DEALER YESTERDAY. THE DEALER WAS ABLE TO DETERMINE A POSSIBLE CAUSE BY PHONE AND SUGGESTED REPAIRING THE AUTOMATIC VEHICLE STABILITY CONTROL. *NM Steering Sensor

Problem has occurred about 6 times, I have talk to other people with same system on their vehicles and some of the have the same problem, I do think its A safety problem

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 Administration 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 mass producer, 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)

Coming straight down the road it happen these times
Coming down ramp it happen two times
I know of 4 vehicles that's doing the something
right now.

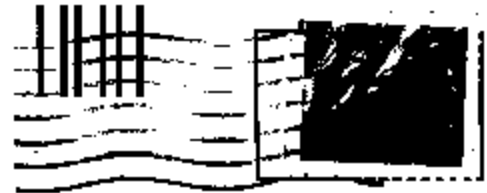
ATTACH ADDITIONAL SHEET

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

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
400 7th Street, SW
Washington, DC 20590

210

