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: 19-JAN-2006 (2006 FEB -7 AM)
Repository ☐
Reference No. 10148084

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City: OCEANSIDE | State: NY | Zip Code [redacted]
Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address [redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer. ☐ YES ☒ NO
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GNFK16[redacted]
Make: CHEVROLET
Model: SUBURBAN
Model Year: 2004
Date Purchased: 29-MAY-04
Dealer's Name and Telephone Number: BAST CHEVROLET
Dealer's City: SEAFORD | State: NY | Zip Code
Original Owner ☒
Engine: No. Cylinders 8
Fuel Type: Gas
Transmission Type: AUTOMATIC
☒ Antilock Brakes
☒ Cruise Control
Powertrain: 4 WHEEL DRIVE
Vehicle Component Code: 180000 VEHICLE SPEED CONTROL
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
18-JAN-2006	44119	

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: DOTMA9ABC035)
☐ 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*: THE CONTACT STATED WITHOUT WARNING THE SPEEDOMETER STOPPED WORKING. THE DEALERSHIP DETERMINED THE SPEEDOMETER CLUSTER NEEDED TO BE REPLACED. ALSO, WHILE TURNING THE CONTACT FELT A KNOCKING IN THE STEERING. THE DEALERSHIP DETERMINED THE INTERMEDIATE STEERING SHAFT NEEDED TO BE REPLACED. *MM

INACCURATE SPEED INFO COULD CAUSE DANGEROUS SITUATION: DRIVING TOO FAST DRIVING TOO SLOW

IF STEERING SHAFT FAILED, COULD YOU LOSE STEERING?

REPAIR DEALER, CONTE CHEVROLET, FREEPORT, NY. HAS NUMEROUS IDENTICAL REPAIRS!

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