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 APR 11 PM 3:03	
19-JAN-2006	Reference No. 10148131

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]		
City MACEDONIA	State OH	Zip Code [redacted]	

Daytime Telephone Number	E-mail Address
[redacted]	[redacted]
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 __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GCJK39121E[redacted]	CHEVROLET	SILVERADO	2001

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
02-MAY-02	LALLY CHEVROLET 440-232-2000			No: Cylinders 8	~~Gas~~ Diesel
Original Owner ☐	Dealer's City BEDFORD	State OH	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain 4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 300

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
19-JAN-2006	66000	8

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: DOTMAL9ABC036)	☐ 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 CONSUMER STATED THE ABS ENGAGED AT 8 MPH OR LESS. THERE ARE NO WARNING LIGHTS THAT ILLUMINATE WHEN THIS OCCURS. THERE IS A NHTSA RECALL, # 05V379000 REGARDING THE ANTI-LOCK BRAKES. THE CONSUMER EXPERIENCED THE SAME PROBLEM AS INDICATED IN THE RECALL. HOWEVER, THE VEHICLE IDENTIFICATION NUMBER WAS NOT INCLUDED. *JB
IN FEBRUARY & MARCH
DEALER REPLACED BOTH FRONT BEARING/HUBS UNDER CUSTOMER SATISFACTION POLICY. I HAD TO PAY $100.00 OF TOTAL BILL. GM TOOK CARE OF THE REST OF COST.

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