



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

2006 MAR 28 PM 2:28
09-MAR-2006

Repository ☐

Reference No.
10152316

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City FAIRFAX State VA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]

Evening Telephone Number [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an answer, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 17 MAR 06 ☒ YES

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

3GNFK16R8

Make
CHEVROLET

Model
SUBURBAN

Model Year
1999

Date Purchased
OCT 1999

Dealer's Name and Telephone Number
RICK HENDERICKS CHEVROLET

Engine: 5.7 VORTEC
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
CHARLESTON

State
SC

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
4 WHEEL DRIVE

Vehicle Component Code
162300 STRUCTURE: BODY: DOOR

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
09-MAR-2006

Failure Mileage
3000

Failure Speed
0

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: DOTM19ABC036)

☐ 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

☐ Yes ☒ No

Fire

☐ Yes ☒ No

Number of Persons Injured

0

Number of Deaths

0

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 REAR PASSENGER SIDE DOOR WAS DIFFICULT TO OPEN. THERE WAS A GRINDING NOISE PRESENT WHILE OPENING THE DOOR. ALL OF THE DOORS CLOSE WITHOUT DIFFICULTY. THE REAR PASSENGER SIDE DOOR HAS BEEN REALIGNED TWICE BY A DEALERSHIP HOWEVER THE PROBLEM HAS RETURNED.

Include, if available, Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-679) 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.