



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

28-AUG-2006

Repository ☐

Reference No.
10166767

OWNER INFORMATION (Type or Print)

Name

Address

City COLLEYVILLE

State TX

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

SAME

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 8/28/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
3GNEC16TX1G

Make
CHEVROLET

Model
SUBURBAN

Model Year
2001

Date Purchased
05-FEB-01

Dealer's Name and Telephone Number
James Wood Motors

Engine:
No: Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
DECATUR

State
TX

Zip Code

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
050000 PARKING BRAKE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
28-AUG-2006

Failure Mileage
83000

Failure Speed

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

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'S PARKING BRAKE WAS NOT WORKING. THE CONTACT NEVER USED THE PARKING BRAKE. THE VEHICLE WAS INSPECTED BY THE DEALERSHIP, WHO INFORMED THE CONTACT THAT THE PARKING BRAKE WOULD GO BAD IF IT WAS NEVER USED. Vehicle was first inspected by STATE INSPECTION STATION AND FAILED TO PASS STATE SAFETY TEST BECAUSE PARKING BRAKE WAS BAD. I THEN TOOK IT TO CLASSIC CHEVROLET IN GRAPEVINE, TEX FOR REPAIR. I THEN OBTAINED THE LETTER FROM THE INSPECTION STATION IN WHICH I AM SENDING A COPY. MR. GARZA AT CLASSIC CHEV. IS THE PERSON THAT TOLD ME THAT THE BRAKE WOULD GO BAD IF NOT USED. HE SAID THAT A NEW AND DIFFERENT SYSTEM WOULD BE (OVER)

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 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

*installed THAT would NOT GO bad if NOT used. The
The people in Detroit Mich. Admitted FAULT or They would
NOT have re-embursed me A PARTIAL Payment for repairs.*

ATTACH ADDITIONAL SHEETS IF NECESSARY

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

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

**Think your vehicle
has a safety defect?**



If so:

or write:

Vehicle Safety Hotline

800-327-4236

Vehicle Defects Questionnaire (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration



CHEVROLET

Customer Assistance Center

Chevrolet Division
General Motors Corporation
P.O. Box 33170
Detroit, MI 48232-5170

August 15, 2006

*Letter From Customer
Relations admitting
Fault*

[REDACTED]
Colleyville, TX [REDACTED]

Service Request: 1-421952714

Customer Relationship Specialist: Carly Sexton

Dear [REDACTED]

We sincerely regret that you experienced a concern with your 2001 Chevrolet Suburban, which resulted in an unexpected repair expense to you.

We value you as a Chevrolet owner and your satisfaction with our products is a high priority. As we discussed over the phone, we believe you are entitled to a reimbursement. We have enclosed a check in the amount of \$285.15. We hope this goodwill adjustment will offset, to some degree, the inconvenience that this repair may have caused you.

We look forward to keeping you in our Chevrolet family. If you have any future questions, please feel free to contact our Chevrolet Customer Assistance Center at 1-800-222-1020 Monday through Friday between 8:00 a.m. and 11:00 p.m., Eastern Time. Please refer to your service request number above and any of our Customer Relationship Specialists will be happy to assist you.

Sincerely,

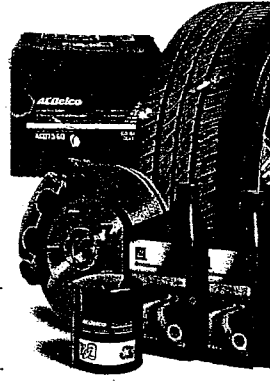
Chevrolet Customer Assistance Center

For more information regarding the maintenance and care of your vehicle, please visit www.mygmlink.com. This free online service offers vehicle and ownership-related information and tools tailored to your specific vehicle.

Shows Vehicle to be in Good Condition

GM Goodwrench

MULTI-POINT VEHICLE INSPECTION



Name: [Redacted] Year/Model: 5-L6 Date: 7/18/06

Repair Order #: 6357 VIN (last 8 digits): 16 [Redacted] Odometer: 83114 MI: MII:

☒ Checked and OK ☐ May Require Attention Soon ☐ Requires Immediate Attention

INTERIOR

☒ OnStar Subscription activated ☐ Remaining engine oil life: % Reset: N/A:

WIPER BLADES	CHECK TIRES AND TREAD DEPTH (Check exterior condition)	CHECK BATTERY
 LF ☐ RF ☐ LR ☐ RR ☐ ☐ Rear (if applicable) ☐ Windshield condition Cracks _____ Chips _____	 8/32 or Greater ☐ 7/32 to 4/32 ☐ 3/32 or Less ☐ Front PSI set to: _____ 8/32 or Greater ☐ 7/32 to 4/32 ☐ 3/32 or Less ☐ Rear PSI set to: _____ (Check lamps) Lowest Tread Depth: _____/32 ☐ Rotation needed ☐ Alignment needed ☐ Balance needed ☐ Rotation performed ☐ Alignment performed ☐ Balance performed LF ☐ LR ☐ RF ☐ RR ☐ Wear Pattern/Damage	 Battery condition ☐ Battery cables and connections ☐

CHECK FLUID LEVELS	CHECK BRAKES/MEASURE FRONT AND REAR LININGS																					
<table border="1"><thead><tr><th>OK</th><th>FILLED</th><th>REQUIRES ATTENTION</th></tr></thead><tbody><tr><td>☒</td><td>☒</td><td>☐</td></tr><tr><td>☒</td><td>☒</td><td>☐</td></tr><tr><td>☒</td><td>☒</td><td>☐</td></tr><tr><td>☒</td><td>☒</td><td>☐</td></tr><tr><td>☒</td><td>☒</td><td>☐</td></tr><tr><td>☒</td><td>☒</td><td>☐</td></tr></tbody></table>	OK	FILLED	REQUIRES ATTENTION	☒	☒	☐	☒	☒	☐	☒	☒	☐	☒	☒	☐	☒	☒	☐	☒	☒	☐	 LF ☐ RF ☐ LR ☐ RR ☐ Lowest Front Lining _____ Lowest Rear Lining _____ ☐ Brake system (also including lines, hoses and parking brake)
OK	FILLED	REQUIRES ATTENTION																				
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ADDITIONAL CHECKS	COMMENTS
Inspect for visible leaks: ☒ Fuel system (also including gas cap seating) ☒ Engine, transmission, drive axle, transfer case ☒ Engine cooling system ☒ Shocks and struts - also check operation Inspect visual condition: ☒ Belts: engine, accessory, serpentine, and/or V-drive ☒ Hoses: engine, power steering and HVAC ☒ Engine air filter and cabin air filters ☒ Steering components and steering linkage ☒ CV drive axle boots or driveshafts and U-joints ☒ Exhaust system components	Consultant: _____ Technician: _____ MAINTENANCE VISIT RECOMMENDATION Date: _____ Time: _____ Reason for Maintenance: _____

SIMPLIFIED MAINTENANCE

MI ☐ Required ☐ Performed MII ☐ Required ☐ Performed

To whom it may concern,

My name is Andy Dodson and I manage two Valvoline Instant Oil Change locations in the DFW area. Each of my two stores averages around 200 state inspections per month. Over the last several years a large number of Chevrolet and GMC trucks have not passed inspection due to non functioning emergency brakes.

When a vehicle fails inspection we are supposed to fail it and charge the customer for the failed inspection. This gives the customer 15 days to get the repairs completed and re-inspected at no charge. Not everyone has time and money to complete all repairs in the time given by the state. So, in order to provide better customer service we give the customer the option of continuing the inspection and failing, or returning once the repairs are complete.

Because of this procedure, I do not have an exact percentage of inspections failed due to the emergency brake related issue. In my experience, I would estimate 1/3rd of vehicles with this emergency braking system fail inspection.

Sincerely,

Andy Dodson
817 287-1988



Mustang Lube and Oil LP
An Independent Licensee of
Valvoline Instant Oil Change Franchising, Inc.



ANDY DODSON
Service Center Manager

900 Grapevine Highway
Hurst, TX 76054

TELEPHONE 817-577-4280

* Letter from State of
Texas where Inspection
was done.

* Material Chevy Co. Requested
I send them for
consideration.

* Postal Charge
for sending
Requested
Material



FROM THE DESK OF



File # 1-421-952714

Original
Invoice (no copy)

Copy of Check

Copy of Title
or Registration

Signed to:
Chevrolet

PO Box 33170

Detroit Michigan

48232-5170

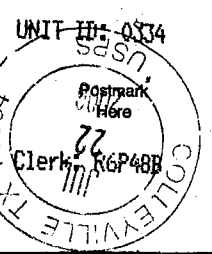
7004 2510 0002 0671 9363

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Postage	\$ 0.63
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 3.03



Sent To
Street, Apt. No.,
or PO Box No.
City, State, ZIP+4
PS Form 3800, June 2002 See Reverse for Instructions



**** WELCOME TO ****
COLLEYVILLE MPO
COLLEYVILLE, TX 76034-9998
07/22/06 11:07AM

Store USPS	Trans 48
Wkstn sys5002	Cashier R6P48B
Cashier's Name	ALICIA
Stock Unit Id	WINALICIA
PO Phone Number	18002758777
USPS #	4832230334

1. First Class	3.03
Destination:	48232
Weight:	1.10 oz.
Postage Type:	PVI
Total Cost:	3.03
Base Rate:	0.63
SERVICES	
Certified Mail	2.40
70042510000206719363	

Subtotal	3.03
Total	3.03

Cash	5.05
Change Due	
Cash	2.02

Number of Items Sold: 1

Thank You
Beginning Sept 19, 2005
we will be open from 9:00am
until 6:30pm

THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).