



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

2007 JUN -8 AM 10:46  
10-MAY-2007

Reference No.

10190422

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City HIGHLAND MILLS State NY Zip Code [Redacted]

Daytime Telephone Number [Redacted]

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 authorized signature, please print your name or address to the vehicle manufacturer.  
Signature of Owner [Redacted] Date 5/20/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
3GKFK16RXXG [Redacted]  
Make GMC Model SUBURBAN Model Year 1999  
Date Purchased 01-APR-02 Dealer's Name and Telephone Number  
Engine: No: Cylinders 8 Fuel Type: Gas  
Original Owner  Dealer's City State Zip Code  
Transmission Type AUTOMATIC  Antilock Brakes  Cruise Control Powertrain ALL WHEEL DRIVE  
Vehicle Component Code 046300 SERVICE BRAKES, AIR:ANTILOCK:WHEEL SPEED SENSOR  
Multiple Failure: 100

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAR-2005 Failure Mileage Failure Speed 15  
10-5

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: DOTM9ABC036)  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).

TL\*THE CONTACT OWNS A 1999 GMC SUBURBAN. WHILE DRIVING 15 MPH, THE CONTACT HEARD A LOUD NOISE WHEN THE BRAKE PEDAL WAS DEPRESSED. THE FAILURE MADE IT DIFFICULT TO STOP THE VEHICLE. THE ROAD CONDITIONS WERE CLEAR. THE DEALER STATED THAT THE WHEEL SPEED SENSOR NEEDED TO BE REPLACED. THE REPAIR WAS PERFORMED AND NO OTHER FAILURES HAVE OCCURRED. THE CURRENT MILEAGE IS 100,100 AND THE FAILURE MILEAGE WAS UNKNOWN.

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 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.