



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

2008

FOR AGENCY USE ONLY 100148	
Date Received FEB -1 AM 11:17 06-JUN-2007	Repository <input type="checkbox"/>
Reference No. 10192591	

OWNER INFORMATION (Type or Print)				Daytime Telephone Number	E-mail Address
Name		Address		Evening Telephone Number	
City	State	Zip Code			

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 7/9/07

VEHICLE INFORMATION				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3GNFK16Z12G		Make CHEVROLET	Model SUBURBAN	Model Year 2002
Date Purchased 01-JAN-02	Dealer's Name and Telephone Number FITZGERALD CHEVROLET / CADILLAC		Engine: No: Cylinders 8	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City FREDERICK	State MD	Zip Code	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 010000 STEERING	
Multiple Failure: 2				

FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s) 01-APR-2006	Failure Mileage 40000	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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 2002 CHEVROLET SUBURBAN. THE CONTACT HEARD A KNOCKING SOUND COMING FROM THE WHEELS WHEN THE FRONT WHEELS WERE TURNED. SHE STATED THAT THE CAUSE OF FAILURE MAY BE THE UPPER INTERMEDIATE STEERING SHAFT. THE DEALER AND MANUFACTURER STATED THAT SHE WOULD HAVE TO PAY \$275 FOR THE REPAIR. THE DEALER DID NOT HAVE ANY RECALLS FOR THE FAILURE. THE CONTACT FEELS THAT THERE SHOULD BE A RECALL DUE TO THE MANY REPAIRS RELATED TO THE WHEEL FAILURE. SHE STATED THAT A RUNNING BOARD LIGHT IS DIM ON THE FRONT LEFT SIDE OF HER VEHICLE, WHICH SHE HAS NOTICED ON MANY SUBURBANS. THE CURRENT MILEAGE IS 65,000 AND FAILURE MILEAGE WAS 40,000.

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.