



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 <input type="checkbox"/>
29-JUL-2008	Reference No. 10236265

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address	Evening Telephone Number	
City PUTNAM VALLEY	State NY	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 ____/____/____

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3GNFK16Z03G	Make CHEVROLET	Model SUBURBAN	Model Year 2003
Date Purchased	Dealer's Name and Telephone Number	Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 030000 SERVICE BRAKES, HYDRAULIC	
Multiple Failure:			

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 25-JUL-2008	Failure Mileage 94000	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: DOTM9ABC036)	<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

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury (ies).)

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 2003 CHEVROLET SUBURBAN. WHILE PULLING OUT OF A PARKING LOT, THE CONTACT APPROACHED A STOP SIGN. HE DEPRESSED THE BRAKE PEDAL AND IT EXTENDED TO THE FLOOR. ALL OF THE INSTRUMENT PANEL LIGHTS ILLUMINATED, WHICH INDICATED THAT THE BRAKE SYSTEM FAILED. THE CONTACT HAD TO ENGAGE THE EMERGENCY BRAKE TO STOP THE VEHICLE. THE VEHICLE WAS TOWED TO THE DEALER AND THEY STATED THAT THE ENTIRE BRAKE LINE SYSTEM WAS RUSTED. THE REPAIR WOULD COST \$3,000 TO REPLACE THE ENTIRE BRAKE LINE SYSTEM. THE FAILURE AND CURRENT MILEAGES WERE 94,000.

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.

