

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	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 26-AUG-2008	Repository ☐ Reference No. 10239755
OWNER INFORMATION (Type or Print)			
Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number	
City	State	Zip Code	
WILMINGTON	NC		
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, this report is submitted to the vehicle manufacturer. Signature of Owner _____ Date <u>9/12/08</u>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make	Model
1GNEC16K2		CHEVROLET	SUBURBAN
Model Year		Engine:	Fuel Type:
1994		No: Cylinders	995
Date Purchased	Dealer's Name and Telephone Number		
May 1994	Sherwood Chevrolet 423-282-4731		
Original Owner ☒	Dealer's City	State	Zip Code
	Johnson City	Tenn	37602
Transmission Type	☒ Antilock Brakes	Powertrain	Vehicle Component Code
Auto	☒ Cruise Control	3500 cu inch	130000-VISIBILITY
Multiple Failure:			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Incident Date(s)	Failure Mileage	Failure Speed	
18-JUN-2006	50000	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	Fire	Number of Persons Injured	Number of Deaths
☐ Yes ☒ No	☐ Yes ☒ No	0	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 1994 CHEVROLET SUBURBAN. WHENEVER THE CONTACT ATTEMPTS TO USE THE WINDSHIELD WIPERS, THEY WILL WORK VERY INCONSISTENTLY. ALSO, IF HE MANUALLY MOVES THE WINDSHIELD WIPERS, THEY WILL BEGIN TO FUNCTION FOR A SHORT PERIOD OF TIME. THE CONTACT DID NOT NOTICE ANY DIFFERENCES BEFOREHAND AND THE VEHICLE HAS NOT BEEN DIAGNOSED BY THE DEALER. THE CURRENT MILEAGE WAS 60,000 AND FAILURE MILEAGE WAS 50,000. I contacted GM & They said mine was not covered, but it has exactly the same problem			
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.			