



DOT Auto Safety Hotline

FOR AGENCY USE ONLY 100148

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT

(1-888-327-4236)

INTERNET:www.nhtsa.dot.gov/hotline

Date Received

Repository

27-JAN-2009

Reference No.

10256484

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

Evening Telephone Number

City EASTLAKE

State OH

Zip Code

Do you authorize NHTSA to contact the manufacturer of your vehicle?
In the absence of an authorized signature, your name or address to the vehicle manufacturer.
Signature of Owner

YES NO

Date 2/2/09

VEHICLE INFORMATION

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

Make

Model

Model Year

1GKGK26J2X

GMC

SUBURBAN

1999

Date Purchased

Dealer's Name and Telephone Number NO LONGER IN BUSINESS
FREIDMAN, BUICK, G.M.C. BUSINESS

Engine: 7.4
No: Cylinders

Fuel Type:

Original Owner

Dealer's City MAYFIELD, HTS.

State OH

Zip Code

8

REG.

Transmission Type

Antilock Brakes

Powertrain

Multiple Failure:

Incident Date(s)

AUTO

Cruise Control

01-JAN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC

Failure Mileage

Failure Speed

15070

1Q

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

Reported to Police

Yes No

Yes No

0

0

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. THE CONTACT EXPERIENCED ABS FAILURE WHILE DRIVING 10 MPH. HE STATED THAT THE ABS ACTIVATES EVEN WHEN THE ROAD CONDITIONS ARE NOT SLIPPERY DUE TO RAIN OR ICE. THE ABS ENGAGES ITSELF WHENEVER THE VEHICLE IS COMING TO A STOP ON DRY PAVEMENT, WHICH INCREASES THE STOPPING DISTANCE. HE HAS NOT TAKEN THE VEHICLE TO BE INSPECTED; HOWEVER, HE CALLED THE MANUFACTURER AND WAS INFORMED THAT THERE WAS A RECALL THAT DID NOT INCLUDE HIS VEHICLE. THE NHTSA CAMPAIGN-ID NUMBER WAS NOT LOCATED IN THE NHTSA DATABASE. THE VEHICLE HAS NOT YET BEEN REPAIRED AND THE CONTACT BELIEVES THAT IT SHOULD BE INCLUDED IN THE GMC ISSUED RECALL. THE CURRENT AND FAILURE MILEAGES WERE 15,070.

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.