



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

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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City MEDFORD State MA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED] E-mail Address [REDACTED]
Evening Telephone Number [REDACTED]

Do you authorize me to release this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, I will NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3GKFK16R5XC [REDACTED]
Make CHEVROLET GMC Model SUBURBAN Model Year 1999
Date Purchased [REDACTED] Dealer's Name and Telephone Number Olsen Cadillac Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City Woburn State MA Zip Code 01801
Transmission Type Auto Antilock Brakes Powertrain Multiple Failure: Incident Date(s) 26-FEB-2009
 Cruise Control

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC Failure Mileage 95000 Failure Speed 5

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) Original Equipment Prior Repair Failure Location:
Tire Component Code [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]
Seat Type: [REDACTED] Installation System: [REDACTED]
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

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 CHEVROLET SUBURBAN. WHILE DRIVING APPROXIMATELY 5 MPH ON NORMAL ROAD CONDITIONS, THE ANTILOCK BRAKE SYSTEM ENGAGED WITHOUT ASSISTANCE. THE FAILURE OCCURRED SPORADICALLY. IN ADDITION, THE STOPPING DISTANCE WOULD INCREASE DURING BRAKING. THERE WERE NO WARNING INDICATORS ILLUMINATED ON THE INSTRUMENT PANEL. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSTIC TESTING AND THEY STATED THAT THE ABS SENSOR FAILED. THE VIN WAS EXCLUDED FROM NHTSA CAMPAIGN ID NUMBER 05V379000 (SERVICE BRAKES, HYDRAULIC:ANTILOCK), ALTHOUGH THE FAILURES WERE IDENTICAL. THE VEHICLE HAS NOT BEEN REPAIRED. THE FAILURE AND CURRENT MILEAGES WERE 95,000.

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.