

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                      |                          |                                |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------|--------------------------------|----------------|
| <div style="text-align: center;"> <b>DOT Auto Safety Hotline</b><br/> <b>Vehicle Owner's Questionnaire</b><br/> <b>To Report Vehicle Safety Defects</b><br/> <b>1-888-DASH-2-DOT</b><br/> <b>(1-888-327-4236)</b><br/> <b>INTERNET:www.nhtsa.dot.gov/hotline</b> </div>                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                      |                          | FOR AGENCY USE ONLY    100148  |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                      |                          | Date Received<br>15-OCT-2010   |                |
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                      |                          |                                |                |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                      | Daytime Telephone Number |                                | E-mail Address |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                      |                          |                                |                |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                               | Zip Code                                                                             | Evening Telephone Number |                                |                |
| SOUTH WEYMOUTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MA                                                                  |                                                                                      |                          |                                |                |
| The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).                                                                                                                                                                                                                                                                |                                                                     |                                                                                      |                          |                                |                |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                      |                          |                                |                |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                     |                                                                                      | Make                     | Model                          | Model Year     |
| 2GCEK19V41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                                                      | CHEVROLET                | SILVERADO 1500                 | 2001           |
| Date Purchased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dealer's Name and Telephone Number                                  |                                                                                      | Engine:                  | Fuel Type:                     |                |
| 2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Tracy Chevy                                                         |                                                                                      | No: Cylinders            | G2S                            |                |
| Original Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Dealer's City                                                       | State                                                                                | Zip Code                 |                                |                |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Plymouth                                                            | MA                                                                                   |                          |                                |                |
| Transmission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Antilock Brakes                 | Powertrain                                                                           | Multiple Failure:        | Incident Date(s)               |                |
| Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Cruise Control                  | 4x4                                                                                  | Brakes                   | 12-OCT-2010                    |                |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                                                      |                          |                                |                |
| Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                                                      |                          | Failure Mileage                | Failure Speed  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                                      |                          | 97000                          | 5              |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                                      |                          |                                |                |
| Tire Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     | Tire Model (Name or Number)                                                          |                          | Tire Size (Example P215/65R15) |                |
| DOT No. (Example: DOTM19ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     | <input type="checkbox"/> Original Equipment<br><input type="checkbox"/> Prior Repair |                          | Failure Location:              |                |
| Tire Component Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                     | Tire Failure Type:                                                                   |                          |                                |                |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                      |                          |                                |                |
| Make:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     | Date Manufactured:                                                                   |                          | Model No./Name:                |                |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Installation System:                                                                 |                          |                                |                |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Failed Part:                                                                         |                          |                                |                |
| <b>APPLICABLE INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                                                      |                          |                                |                |
| (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             |                |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                      |                          | N                              |                |
| Narrative Description of Incident(s), Crash(es), and Injury(ies).<br>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 2001 CHEVROLET SILVERADO 1500. THE CONTACT WAS DRIVING 5 MPH WHEN HE APPLIED THE BRAKES AND THE PEDAL WENT STRAIGHT INTO THE FLOORBOARD. THE EMERGENCY BRAKE WAS APPLIED AND THE VEHICLE COASTED TO A STOP. THE BRAKES WERE REPAIRED. THE FAILURE MILEAGE WAS 97,000 AND THE CURRENT MILEAGE WAS 97,050.                                                                                                                                                                                                                                                  |                                                                     |                                                                                      |                          |                                |                |
| 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. |                                                                     |                                                                                      |                          |                                |                |



9 ORANGE STREET

PHONE (781) 878-1570 DAYS

ABINGTON, MA 02351

PHONE (781) 878-7785 NITES

129409

## DAY TOWING

TIRES — TUBES

## OIL — REPAIRING

[illegible]

HEREBY AUTHORIZE REPAIR WORK TO BE DONE AS DESCRIBED ABOVE WITH NECESSARY PARTS, TO BE LISTED AT YOUR REGULAR PRICES. I AGREE TO PAY CASH ON DELIVERY OF CAR OR ON SATISFACTORY TERMS TO YOU, AND UNTIL PAID IN FULL IT SHALL CONSTITUTE A LIEN ON THIS CAR. I FURTHER AGREE THAT I AM RESPONSIBLE FOR CAR OR ARTICLE LEFT IN CAR IN CASE OF FIRE, THEFT, ACCIDENTS OR OTHER CAUSES. I AGREE TO PAY FOR REPAIRS MADE BY YOUR EMPLOYEES FOR ROAD TESTS AT MY OWN RISK.

AMOUNT 730.17