Form Approved: O.M.B. No. 2127-0008

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 ☐ |
|---|---|
| JUN 28 2012 (24-JAN-2012) | Reference No. 10445054 |

## OWNER INFORMATION (Type or Print)

| Name | [redacted] | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | [redacted] | [redacted] | [redacted] |
| City: MCLEAN | State: VA | Zip Code: [redacted] | Evening Telephone Number |

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).

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 3GNFK16R3XG[redacted] | CHEVROLET | SUBURBAN | 1999 |

| Date Purchased | Dealer's Name and Telephone Number | Engine: No: Cylinders | Fuel Type: |
|---|---|---|---|
| | 571-766-1759 Conway Koons Chevrolet of Tysons | | Unleaded |
| Original Owner ☑ | Dealer's City: McLean/Vienna | State: VA | Zip Code: 22182 |
| | | 8 | |

| Transmission Type | | Powertrain | Multiple Failure: | Incident Date(s) |
|---|---|---|---|---|
| Auto | ☑ Antilock Brakes ☐ Cruise Control | 2wd/4wd | no | 23-JAN-2012 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC | Failure Mileage | Failure Speed |
|---|---|---|
| | 146774 | 5-10 MPH |

## 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: DOTMAL9ABC036) | ☐ 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 | 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. THE CONTACT WAS DRIVING 5 MPH WHEN THE BRAKE PEDAL WAS DEPRESSED INTO THE FLOORBOARD ABNORMALLY AS THE ENGINE STARTED TO SMOKE. THE VEHICLE WAS TOWED TO THE CONTACT'S RESIDENCE AND WAS NOT TAKEN TO THE DEALER FOR INSPECTION OR REPAIRS. THE MANUFACTURER WAS MADE AWARE OF THE FAILURE BUT THE VEHICLE WAS NOT REPAIRED. THE FAILURE AND THE CURRENT MILEAGE WAS 146,774. The smoke was a result of brake fluid spraying from brake line onto hot motor surface causing steam.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY