


MAY 27 2014

 <p>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</p>		FOR AGENCY USE ONLY 100148	
		Date Received 01-APR-2014	Repository <input type="checkbox"/> Reference No. 10576416
OWNER INFORMATION (Type or Print)			
Name	[REDACTED]		Daytime Telephone Number
Address	[REDACTED]		E-mail Address
City	KALAHEO	State	HI
		Zip Code	[REDACTED]
<p>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).</p>			
VEHICLE INFORMATION			
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GBE4C3235F [REDACTED]		Make CHEVROLET	Model KODIAK
Date Purchased	Dealer's Name and Telephone Number		Model Year 2005
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Engine: No: Cylinders
		Multiple Failure:	Incident Date(s) 17-APR-2007
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Code: BRAKES (PWS)		Failure Mileage 5000	Failure Speed
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)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 <i>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)</i>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0
		Reported to Police N	
<p>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).</p>			
<p>TL* THE CONTACT OWNS A 2005 CHEVROLET KODIAK. THE CONTACT STATED THAT THE EMERGENCY BRAKE FAILED TO LOCK WHEN ENGAGED. THE CONTACT ALSO MENTIONED THAT THE EMERGENCY BRAKE WOULD RELEASE INDEPENDENTLY. THE VEHICLE WAS NOT TAKEN TO THE DEALER. THE MANUFACTURER WAS NOT MADE AWARE OF THE FAILURE. THE VEHICLE WAS NOT REPAIRED. THE APPROXIMATE FAILURE MILEAGE WAS 5,000 AND THE CURRENT MILEAGE WAS 38,000.</p> <p>I DID CALL THE MANUFACTURER PHOTOS SHOW BRACK I MADE TO LOCK EMERGENCY BRAKE ON.</p>			
Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.		ATTACH ADDITIONAL SHEETS IF NECESSARY	
<p>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.</p>			

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