


INFORMATION Redacted PURSUANT TO THE FREEDOM OF
 INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6)
 JAN 27 2015

 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 01-OCT-2014		Repository <input type="checkbox"/> Reference No. 10640555			
OWNER INFORMATION (Type or Print)				Daytime Telephone Number [REDACTED]	
Name [REDACTED]				E-mail Address [REDACTED]	
Address [REDACTED]				Evening Telephone Number [REDACTED]	
City BENNETTESVILLE		State SC	Zip Code [REDACTED]		
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 privacy uses described in the 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 1GNDV23W68D [REDACTED]		Make CHEVROLET	Model UPLANDER	Year 2008	
Date Purchased 2010 - present	Dealer's Name and Telephone Number Huddle Brown Chevrolet		Engine: No: Cylinders	Fuel Type:	
Original Owner <input type="checkbox"/>	Dealer's City Florence	State SC	Zip Code		
Transmission Type	<input checked="" type="checkbox"/> Antilock Brakes	Powertrain	Multiple Failure:	Incident Date(s) 30-SEP-2014	
<input checked="" type="checkbox"/> Cruise Control					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 161000 STRUCTURE: FRAME AND MEMBERS, 162000 STRUCTURE: BODY			Failure Mileage 225000	Failure Speed 45	
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 (Please describe in detail the incident(s), failure(s), crash(es), and injury (ies).)					
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	
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 2008 CHEVROLET UPLANDER. THE CONTACT STATED WHILE DRIVING APPROXIMATELY 45 MPH, THE REAR END OF THE SUSPENSION FRACTURED AND FELL TO THE GROUND. THE VEHICLE WAS TAKEN TO AN INDEPENDENT MECHANIC FOR DIAGNOSIS. THE TECHNICIAN STATED THAT THE REAR FRAME NEEDED TO BE REPLACED. THE VEHICLE WAS REPAIRED. THE MANUFACTURER WAS NOT NOTIFIED OF THE FAILURE. THE APPROXIMATE FAILURE MILEAGE WAS 225,000.					
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.					