

INFORMATION Redacted PURSUANT TO THE FREEDOM OF

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



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**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 9999999

Date Received 22-AUG-2016 <b>SEP 15 2016</b>	Repository <input type="checkbox"/>
	Reference No. 10898775

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

**OWNER INFORMATION (Type or Print)**

Name [REDACTED]  
Address [REDACTED]  
City FLUSHING State NY 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 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 2GNALCEK0G6 [REDACTED]	Make CHEVROLET	Model EQUINOX	Model Year 2016
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code
Transmission Type <input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Multiple Failure:	Incident Date(s) 12-JUL-2016

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

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage 12022	Failure Speed 25
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**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: DOTM9ABC036)	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Deaths 0	Reported to Police N
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**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).

I'M WRITING TO INFORM YOU OF A POSSIBLE SAFETY ISSUE WITH A 2016 CHEVROLET EQUINOX RENTED FROM ENTERPRISE IN HUNTINGTON STATION, NEW YORK. THE VEHICLE HAD ONLY 12,022 MILES ON THE ODOMETER. AFTER PICKING UP THE VEHICLE, I WAS DRIVING HOME ON THE LONG ISLAND EXPRESSWAY AT APPROXIMATELY 20-30 MPH IN STOP AND GO TRAFFIC. AS TRAFFIC SLOWED DOWN AHEAD OF ME I APPLIED THE BRAKES. I WAS IMMEDIATELY SHOCKED WITH DISBELIEF THAT MY VEHICLE SLIGHTLY IMPACTED WITH THE VEHICLE AHEAD OF ME INSTEAD OF STOPPING 5 OR 10 FEET BEFORE THAT VEHICLE. THE BRAKES DID NOT SEEM TO RESPOND OR FUNCTION EFFECTIVELY COMPARED TO ALL VEHICLES I'VE OWNED OR RENTED FOR OVER 50 YEARS. CONVINCED THAT THERE MUST BE AN UNDERLYING ISSUE WITH THE BRAKES I BROUGHT THE VEHICLE TO A LOCAL PEP BOYS. THEIR INSPECTION REVEALED "BRAKE FLUID RESERVOIR MORE THAN HALF EMPTY" (SEE 2 PAGE ATTACHMENT). I'M NOT SURE IF THERE WAS A SLOW LEAK IN THE LINE OR IF THE BRAKE FLUID HAD NOT BEEN FILLED SUFFICIENTLY. FROM MY 50 YEARS OF DRIVING EXPERIENCE I DON'T EVER RECALL A NEW CAR REQUIRING THE ADDITION OF BRAKE FLUID AFTER ONLY 12,022 MILE OF USAGE. I AM HOWEVER FIRMLY CONVINCED THAT THIS UNFORTUNATE ACCIDENT WOULD NEVER HAVE HAPPENED IF THE RENTAL VEHICLE HAD CONTAINED THE APPROPRIATE AMOUNT OF BRAKE FLUID. I FELT OBLIGATED TO REPORT THIS POSSIBLE SAFETY ISSUE TO YOU SO YOU CAN INVESTIGATE IF THERE HAVE BEEN OTHER REPORTED INSTANCES OF BRAKE FLUID LOSS RESULT

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 to 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.

[REDACTED]  
Flushing, New York  
[REDACTED]

09/02/16

US Department of Transportation  
National Highway Traffic and Safety Administration  
Office of Defect Investigation NVS 210  
1200 New Jersey Avenue SE  
West Building  
Washington, D.C. 20590

Re: Temporary Complaint Number (TCN) - HGN 16-52586;  
Attachment Not Previously Uploaded, But Included Herein

I previously uploaded the above referenced complaint (copy enclosed), but was not able to upload the attached Pep Boy's Courtesy Vehicle Report dated 07/12/16 because it was a JPEG file rather than a PDF file. Your representative, Kevin, advised me to submit it by mail

My complaint involved a rented 2016 Chevrolet Equinox which did not seem to brake effectively causing a low impact rear end collision. The attachment specifically cites: **"Brake Fluid Low". "Res (for reservoir) More than Half Empty"**.

As mentioned in the complaint, I'm not sure if there was a slow leak in the brake line or if the brake fluid had not been filled sufficiently. I just found it odd that the brake fluid should be so low in a new car with only 12,022 miles on the odometer.

Please contact me if any additional information is required.

[REDACTED]

[REDACTED]

- Step 1: Complete this form
- Step 2: Click [here](#) to save the form to your computer.
- Step 3: Click [here](#) to access the upload web page.

**Temporary Complaint Number (TCN):** HGN16-52586

This PDF document is secured and the content is protected

Required Information in **Bold**

Form Approved: OMB No. 2127-0008; Expires 05/31/2018

**Vehicle Information**

**Vehicle Identification Number (VIN)** (See instructions on the next page to locate the VIN.)

2	G	N	A	L	C	E	K	D	G	6											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22

**Select/Enter Make**

CHEVROLET

**Enter Model**

EQUINOX

**Select/Enter Year**

2016

**Incident Information**

**Approximate Incident Date**

07/12/2016

For multiple incidents, enter the first date of occurrence.

(mm/dd/yyyy)

**Failure Mileage**

12,022 miles

For multiple incidents, enter the first failure mileage.

**Speed (at time of incident)**

25 mph

Was there a Crash?  Yes  No

Was there a Fire?  Yes  No

Number of Deaths, if any

Number of Persons Injured, if any

Was medical attention required?  Yes  No

436 characters remaining

**Description** (up to 1000 characters)

**WARNING:** This description, exactly as you enter it, may appear in a public NHTSA database.

**Do not include any personal information** (name, street/email address, phone number, social security/driver license number, Vehicle Identification Number (VIN), etc...).

I'm writing to inform you of a possible safety issue with a 2016 Chevrolet Equinox rented from Enterprise in Huntington Station, New York. The vehicle had only 12,022 miles on the odometer.

After picking up the vehicle, I was driving home on the Long Island Expressway at approximately 20-30 mph in stop and go traffic. As traffic slowed down ahead of me I applied the brakes. I was immediately shocked with disbelief that my vehicle slightly impacted with the vehicle ahead of me instead of stopping 5 or 10 feet before that vehicle. The brakes did not seem to respond or function effectively compared to all vehicles I've owned or rented for over 50 years.

Convinced that there must be an underlying issue with the brakes I brought the vehicle to a local Pep Boys. Their inspection revealed "brake fluid reservoir more than half empty".

I'm not sure if there was a slow leak in the line or if the brake fluid had not been filled sufficiently. From my 50 years of driving experience I don't ever recall a new car requiring the addition of brake fluid after only 12,022 mile of usage. I am however firmly convinced that this unfortunate accident would never have happened if the rental vehicle had contained the appropriate amount of brake fluid.

I felt obligated to report this possible safety issue to you so you can investigate if there have been other reported instances of brake fluid loss resulting in ineffectual braking and subsequent accidents

If your component is not listed below, please describe the component in the above description field.

**Failed Component 1**

Brakes

**Failed Component 2**

Select the Component

**Failed Component 3**

Select the Component

Personal Information

First Name [Redacted]

Last Name [Redacted]

Email [Redacted] (provided earlier and locked for your security)

Daytime Phone [Redacted] Evening Phone [Redacted]

Address 1 [Redacted]

Address 2 [Redacted]

City Flushing

State NEW YORK Zip Code [Redacted]



# COURTESY VEHICLE REPORT

Technician: \_\_\_\_\_

Vehicle: \_\_\_\_\_

WO# \_\_\_\_\_

In Number: **26WALEFKOG6** \_\_\_\_\_ Date: \_\_\_\_\_

Drive Train (circle one): FWD RWD AWD 4WD

Is the Vehicle a Hybrid?  Yes  No**SAFETY EVALUATION** (Every vehicle)**REQUIRED FOR ALL SERVICES**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> <b>OK</b> REQUIRES ATTENTION       | <input checked="" type="checkbox"/> <b>OK</b> REQUIRES ATTENTION | EVALUATION SUGGESTED                         |
| <input checked="" type="checkbox"/> Inspection/Smog<br>Exp. Date _____ | <input checked="" type="checkbox"/> Reverse Lights               | <input type="checkbox"/> Brake System        |
| <input checked="" type="checkbox"/> Check Engine Light                 | <input checked="" type="checkbox"/> Parking Lights               | <input type="checkbox"/> Steering/Suspension |
| <input checked="" type="checkbox"/> Other Warning Lights               | <input checked="" type="checkbox"/> License Plate Light          | <input type="checkbox"/> Engine Light        |
| <input checked="" type="checkbox"/> Headlamps                          | <input checked="" type="checkbox"/> Other Lights                 | <input type="checkbox"/> Code Pull           |
| <input checked="" type="checkbox"/> Tail Lamps                         | <input checked="" type="checkbox"/> Wipers                       | <input type="checkbox"/> Battery Test        |
| <input checked="" type="checkbox"/> Brake Lights                       | <input checked="" type="checkbox"/> Glass                        | <input type="checkbox"/> Electrical          |
| <input checked="" type="checkbox"/> Turn Signals                       | <input checked="" type="checkbox"/> Headlight Restoration        | <input type="checkbox"/> Fluid Leak          |
|  |  | <input type="checkbox"/> Cooling System      |

**LIST SPECIFIED TIRE SIZE:**Front: 225/65/17

Rear: \_\_\_\_\_

Speed Rating \_\_\_\_\_ Load Range/Index \_\_\_\_\_

**Tire Pressure** (per vehicle PLACARD)

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

Tire Tread Depth (Enter readings in 32nds) Does vehicle have TPMS? Y- N-

	Inside	Center	Outside	Orig. Pressure	Corrected To
L Front:	7	7	7	32nds	<input checked="" type="checkbox"/> Corrected
R Front:	7	7	7	32nds	<input type="checkbox"/>
L Rear:	7	7	7	32nds	<input type="checkbox"/>
R Rear:	7	7	7	32nds	<input type="checkbox"/>

Recommend Alignment? \_\_\_\_\_  Yes  No1 Edge Wear  Feathering  Cupping  Inflation Over/Under  Sidewall/Shoulder Damage**TECHNICIAN'S NOTES****CONDITIONS RELATED TO INITIAL REQUEST** (Review First)

Brake Fluid Low  
Res More than half Empty

**VISUAL BRAKE INSPECTION** (If wheels are removed)FRONT:  Ok  Yellow  RedREAR:  Ok  Yellow  Red**COMPLETE BRAKE SYSTEM EVALUATION****Check Brake Linings/Drum/Rotor**

(\*Measured in Thousands, 0.000; Conversion Formula E.g. 4/32 = 4:32) \*Provide Specs on all 4 Wheels

COMPLETE BRAKE SYSTEM EVALUATION	OK	REQUIRED	*FRICTION	INNER PAD	OUTER PAD		
	<input type="checkbox"/>	<input type="checkbox"/>	LF	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	RF	_____	_____			
<input type="checkbox"/>	<input type="checkbox"/>	LR	_____	_____			
<input type="checkbox"/>	<input type="checkbox"/>	RR	_____	_____			
COMPLETE BRAKE SYSTEM EVALUATION	OK	REQUIRED	*ROTORS/DRUMS	ACTUAL	MACHINE TO	DISCARD	
	<input type="checkbox"/>	<input type="checkbox"/>	LF	_____	_____	_____	
<input type="checkbox"/>	<input type="checkbox"/>	RF	_____	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	LR	_____	_____	_____		
<input type="checkbox"/>	<input type="checkbox"/>	RR	_____	_____	_____		
COMPLETE BRAKE SYSTEM EVALUATION	OK	SUGGEST	REQUIRED	OK	SUGGEST	REQUIRED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bearings/Seals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoses/Lines
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Master Cylinder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid Exchange

**FLUIDS & UNDERHOOD**

UNDERHOOD SERVICES	LEVELS OK	ADDED	RECOMMEND EXCHANGE	LEAKS		OK	REQUIRES ATTENTION
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coolant	<input type="checkbox"/>	<input type="checkbox"/> Cabin Filter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Washer	<input type="checkbox"/>	<input type="checkbox"/> Battery
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake	<input type="checkbox"/>	<input type="checkbox"/> Belts
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pwr Steering	<input type="checkbox"/>	<input type="checkbox"/> Hoses
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	<input type="checkbox"/> Lift Supports

**ADDITIONAL SAFETY CONCERNS** (Review Second)**UNDER CAR SERVICES**

OK	SUGGEST	REQUIRED	OK	SUGGEST	REQUIRED					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tie Rod Ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shocks/Struts
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CV Axle/Boots/Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Springs
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Gear/Rack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Arms
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Mounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ball Joints
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sway Bars/Links/Bushings

**ADDITIONAL MAINTENANCE RECOMMENDATIONS** (REVIEW THIRD)



# CUSTOMER SERVICE REQUEST

Advisor: \_\_\_\_\_ Appt. Date/Time: 7/12/2016

**CONTACT INFORMATION:** Existing Customer  Y or N    Rewards Customer  Y or N    Fleet Customer  Y or N    Return Parts  Y or N

Customer Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Submodel: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate: \_\_\_\_\_ Mileage: \_\_\_\_\_ Engine Size: \_\_\_\_\_ Time Promised: \_\_\_\_\_

INITIAL ESTIMATE \$ \_\_\_\_\_

I HEREBY AUTHORIZE PEP BOYS TO PERFORM THE REPAIRS ON THIS CUSTOMER SERVICE REQUEST WORK ORDER AND TO FURNISH THE NECESSARY MATERIALS AND ITS EMPLOYEES TO OPERATE THE VEHICLE FOR PURPOSES OF INSPECTION, TESTING AND DELIVERY. I UNDERSTAND THAT ANY COST QUOTED IS AN ESTIMATE. I UNDERSTAND THAT UNLESS DIRECTLY CAUSED BY PEP BOYS, PEP BOYS IS NOT RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS; THAT THE VEHICLE MAY BE PARKED IN THE PEP BOYS PARKING LOT AND THAT VEHICLES ARE LEFT OVERNIGHT AT OWNERS RISK.

AUTHORIZED BY: X \_\_\_\_\_

### Customer Initial Request / Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### SAFETY & MAINTENANCE QUESTIONS

- 1) Can we change your OIL today?..... Y or N  
Check Sticker date/mileage \_\_\_\_\_
  - 2) Would you like to review manufacturer scheduled maintenance recommendations for your vehicle? ..... Y or N
  - 3) Last time it was raining, how were your WIPER BLADES working?..... Replace Y or N
  - 4) Have your TIRES been rotated in the last 6000 miles? ..... Rotate Y or N
- WHEEL LOCK KEY LOCATION: \_\_\_\_\_

### EXTERIOR DAMAGE INSPECTION

BROKEN  
MISSING  
DENTED  
SCRATCH  
CRACKED

BROKEN  
MISSING  
DENTED  
SCRATCH  
CRACKED

### TIRE SERVICE

Measure Tread Depth in 3 spots across Tire: Inside, Center and Outside

LF \_\_\_\_\_ RF \_\_\_\_\_

LR \_\_\_\_\_ RR \_\_\_\_\_

Uneven wear may indicate incorrect tire pressure, worn steering or suspension part, or improper alignment.

WHITE WALL:  IN  OUT

What size tire belongs on the Vehicle? (per vehicles Placard)

FRONT \_\_\_\_\_ REAR \_\_\_\_\_

SPEED RATING \_\_\_\_\_

LOAD RANGE/INDEX \_\_\_\_\_

CURRENT SIZE: \_\_\_\_\_

### OIL/MAINTENANCE

	Provide Service?	
Oil Change	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Air Filter	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Cabin Air Filter	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Fuel System Service	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Coolant Exchange	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Transmission Fluid Exchange	Y- <input type="checkbox"/>	N- <input type="checkbox"/>

Notes: \_\_\_\_\_

PRICE: \_\_\_\_\_

### STARTING/CHARGING BATTERY

Engine will not crank	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Engine cranks slowly	Y- <input type="checkbox"/>	N- <input type="checkbox"/>
Is Battery/Charging light on?	Y- <input type="checkbox"/>	N- <input type="checkbox"/>

Notes: \_\_\_\_\_

PRICE: \_\_\_\_\_

### ALIGNMENT/STEERING

Does vehicle drift, pull or wander? Y- N-

Does vehicle drift, pull or wander when braking? Y- N-

If YES, go to BRAKE SERVICE

Any vibrations or shimmy in steering wheel/seat? Y- N-

If YES, at what speed \_\_\_\_\_

Is the steering wheel straight? Y- N-

Any unusual noises (squeaks/clicks)? Y- N-

If YES, describe \_\_\_\_\_

Notes: \_\_\_\_\_

PRICE: \_\_\_\_\_

### COOLING SYSTEM

Does the vehicle run hot or overheat? Y- N-

Does the vehicle leak coolant/antifreeze? Y- N-

Does the vehicle show white smoke out of the tail pipe? Y- N-

Notes: \_\_\_\_\_

PRICE: \_\_\_\_\_

### ENGINE EVALUATION

Check engine light on? Y- N-

Runs poorly? Y- N-

Cranks but will not start? Y- N-

\*If "No" Go To Starting/Charging Questions

Notes: \_\_\_\_\_

PRICE: \_\_\_\_\_



Flushing, NY

CERTIFIED MAIL™



7011 0110 0001 7446 0359



1000



20590

U.S. POSTAGE  
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WHITESTONE, NY  
11357  
SEP 03, 16  
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R2304H109723-29

W48-226

US Department of Transportation  
National Highway Traffic & Safety Administration  
Office of Defects Investigation NUS-210  
1200 New Jersey Avenue S.E.  
West Building  
Washington DC 20590