



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

**POSTED**

**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

Date Rec'd

or  
at  
od  
up\_itr

Reference No.

OWNER INFORMATION (Type or Print)

561021

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date

04/20/01

## PRODUCT INFORMATION

Vehicle Identification No. (VIN) (Located at bottom of windshield on driver's side)				Make	Model	Year
1GK GK 26N 6S J 745599				GMC	Suburban	'95
Purchased Date	Dealer's Name			Engine Size (CID/GC/L)	<input type="checkbox"/> Turbo	
Aug. '98	Biddulph			454	<input type="checkbox"/> Diesel	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's City		State	Zip Code	No. Cylinders	
	Columbale		AZ		8 <input checked="" type="checkbox"/> Fuel Injection	
Manufacture Date (on driver's door or pillar)	Transmission Type	Restraint System		Cruise Control	Drivetrain	Vehicle Type
	<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Driver's Side Air Bag <input type="checkbox"/> Water Bell <input type="checkbox"/> Passenger Side Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-Point Belt		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Wheel	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other
						Body Style
						<input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

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

Part Name(s)	Location	Failed Part(s)	Handicap Adaptive Equip.
MANUFACTURER INSTALLED TOW FRAME	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	<input type="checkbox"/> Yes <input type="checkbox"/> No

## TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s)	Failed Part(s) Available?
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)	NHTSA Previously Contacted?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

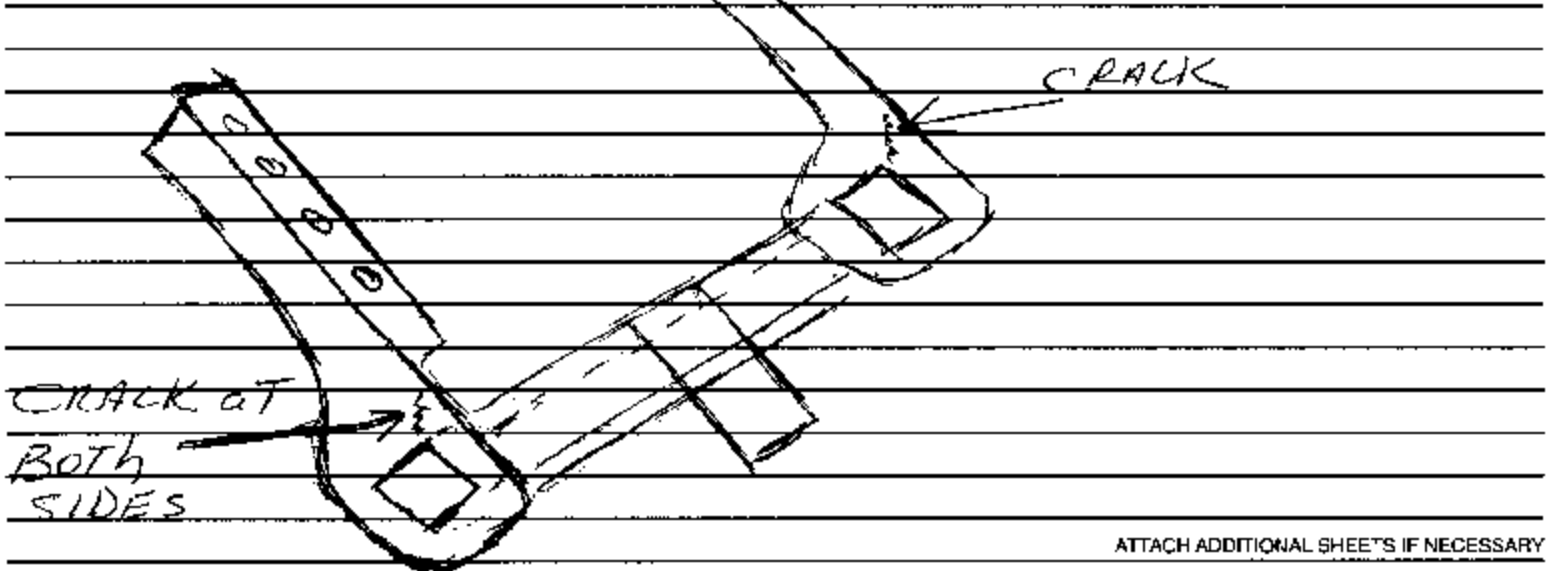
Narrative Descriptor of Incident(s), Failure(s), Crash(es), and Injury(ies).

CRACKS IN/ON both sides of frame that attaches to truck frame. SEE REVERSE SIDE. FAILURE WAS NOTICED ABOUT A YEAR AFTER PURCHASE. REMOVED UNIT AND HAD TOTAL INSPECTION. HAD STRENGTH GUSSETS WELDED WHERE NECESSARY.

Continue on back.

**The Privacy Act of 1974 - Public Law 93-579** This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administration enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)



ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Office of Defects Investigation, NSA-10.01 400 7th Street, SW Washington, DC 20590



Complete and return or place in your car manual for future use



VEHICLE OWNER'S QUESTIONNAIRE (V00)

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

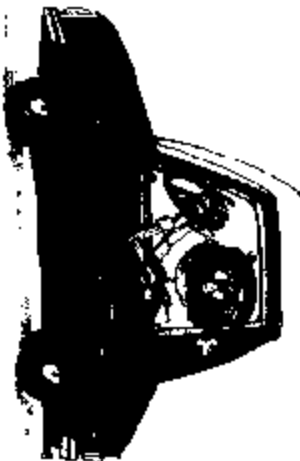
DASH 2 DOT

and dial toll free at:

1-888-DASH-2-DOT

1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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