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

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

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

FOR AGENCY USE ONLY

Date Received: RECEIVED 01 JUN 21 AM 11:37 OFFICE DEFECTS INVESTIG/

Od_cr ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No. 561731

OWNER INFORMATION (Type or Print)

Name [redacted]

Street No. [redacted] Apt. No.

City State Zip Code

Daytime Telephone Number ( )

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 [redacted] Date 02/24/00

PRODUCT INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
3GNGK26594G610703	CHEV	SUBURBAN	'99

Purchased Date: Dealer's Name: COVERT CHEV
Dealer's City: BASTROP State: TX Zip Code: 78602
☒ New ☐ Used
Engine Size (CID/CC/L): 454 ☐ Turbo ☐ Diesel
No. Cylinders: 8 ☒ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pilar)	Transmission Type	Restraint System	Cruise Control	Drivetrain	Vehicle Type	Body Style
	☐ Manual ☒ Automatic	☒ Driverside Air Bag ☐ Motorbelt ☒ Passengerside Air Bag ☐ 2-Point Belt ☒ 3-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☒ Sport Utility ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other ___ ___	☐ 2-Door ☐ 4-Door ☒ Stationwagon ☐ Pick Up Truck ☐ Other ___ ___

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s)	Location	Failed Part(s)	Hand cap Adaptive Equip
(TRAILER) HITCH PLATFORM	☐ Left ☐ Right ☐ Front ☒ Rear	☒ Original ☐ Replacement	☐ Yes ☒ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size

No. of Failures
Date(s) of Failure(s)
Mileage at Failure(s)
Vehicle Speed at Failure(s):
Failed Part(s) Available? ☐ Yes ☐ No
NHTSA Previously Contacted? ☐ Yes ☐ 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
☐ Yes ☒ No	☐ Yes ☒ No	NONE	NONE	☐ Yes ☒ No NOT YET

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

HITCH PLATFORM IS CRACKED ON BOTH LEFT & RIGHT SIDES.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 *This information is requested pursuant to a49 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.*

Mail postage free or fax to 202-366-7882