



DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
 1-888-327-4236
 www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 125

Data Received 20-JAN-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 855173	

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

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or drivers side)</small> 3ANFK16K9SG116967	Vehicle Make CHEVROLET TRU	Vehicle Model SUBURBAN	Vehicle Year 1995	Current Odometer Reading
Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo	<input type="checkbox"/> Diesel
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <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 type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Par. Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING THE ABS BRAKES IN NORMAL CONDITIONS THE SYSTEM DOES NOT RESPOND, CAUSING EXTENDED STOPPING DISTANCE, AND RESULTING IN THREE COLLISIONS. PLEASE GIVE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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.

<p style="text-align: center;">Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 125</p> <p>Date Received: <u>20-JAN-2000</u> 10:00 AM - 9:40 AM OFFICE OF SAFETY INVESTIGATION</p> <p>Od or rt dt _____ od rt up_tr _____</p> <p>Reference No. 855173</p> <p>Work Number _____ Home Number same</p>
OWNER INFORMATION (Type or Print)	
[Redacted]	685764

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

Signature of _____ Date 2/6/00

VEHICLE INFORMATION							
Vehicle Identification Number (VIN) JANFK16K9SG116967	Vehicle Name CHEVROLET TRU	Vehicle Model SUBURBAN	Vehicle Year 1995	Current Odometer Reading 82,260			
Purchase Date <u>12-11-95</u>	Dealer's Name <u>Steve Moore Chevrolet</u> <u>Greenacres City</u> State <u>FL</u> Zip Code <u>33466-9500</u>		Engine Size (CID/CC/L) <u>5.7L</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <u>Suburban</u>	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>Suburban</u>

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures 3	Date(s) of Failure(s) <u>9/26/97</u> <u>8/28/1998</u> <u>11/01/00</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Mileage at Failure(s) <u>39,086</u> <u>59,784</u> <u>82,260</u>		
	Vehicle Speed at Failure(s) <u>45 miles per hour</u> <u>15 miles per hour</u> <u>15 miles per hour</u>		

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)					
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>1997 - 1</u> <u>1998 - 0</u> <u>2000 - 1</u>	Number of Fatalities 0	Estimated Property Damage <u>1997 - 44,850</u> <u>1998 - 5,568</u> <u>2000 - 4,955.12 plus 2 for person I hit.</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING THE ABS BRAKES IN NORMAL CONDITIONS THE SYSTEM DOES NOT RESPOND, CAUSING EXTENDED STOPPING DISTANCE, AND RESULTING IN THREE COLLISIONS. PLEASE GIVE ANY FURTHER DETAILS. *AK

In 1997, my son Drew was returning from Boulder on I-225. The brakes in front of him suddenly slammed on his brakes. Even though Drew was several car lengths back, he could not stop the suburban. One person in the car was hurt in the shoulder but fortunately my son was unharmed. However, the brakes did not stop the suburban.

CONTINUE ON BACK IF NEEDED

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

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

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

Official Business
Penalty for Private Use \$300
400 Seventh St., S.W.
Washington, D.C. 20590
National Highway
Traffic Safety
Administration
U.S. Department
of Transportation

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



In August 28, 1998 the suburban was driven by my other son, James. As he was entering the intersection on turning lane to enter University Avenue from Bellevue Ave heading West and turning North, James saw the car in front slowing down. As he depressed the brake, the response was slow and didn't activate the brake. Consequently, his foot slipped off the brake pedal and bumped the driver in front in the rear.

On January 13, 2000, I was stopped at a light at the intersection of University and Oakland. The light turned green, a driver 3 cars ahead decided to make a quick turn to the right to enter the gas station. The two other cars in front were able to stop. My suburban had 2 1/2 car lengths of space and even though the brakes were immediately depressed and continued to be depressed until impact, these brakes did not respond. I tried to swerve into other lane but still managed

to hit person in front. I was only going 10 to 15 miles per hr.

NARRATIVE DESCRIPTION - (CONTINUED)									
* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.									
DOT									
MANUFACTURER/TIRE NAME									
SIZE									
* TIRE IDENTIFICATION NO.									
INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)									
Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.									