

U.S. Department  
of TransportationNational Highway  
Traffic Safety  
Administration

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 252

Date Received

21-AUG-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 Od\_rt \_\_\_\_\_  
 Up\_ltr \_\_\_\_\_

Reference No.

868216

 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.) (located at front of windshield or driver's side) | Vehicle Make  | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GBFK1CK3PJ411372                                                           | CHEVROLET TRU | SUBURBAN      | 1993         |                          |

|                                                                       |                                       |                             |                                         |
|-----------------------------------------------------------------------|---------------------------------------|-----------------------------|-----------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CCL) _____ | <input type="checkbox"/> Turbo          |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____         | <input type="checkbox"/> Diesel         |
|                                                                       |                                       |                             | <input type="checkbox"/> Gas            |
|                                                                       |                                       |                             | <input type="checkbox"/> Fuel Injection |

|                                                                       |                                                                        |                                                                                                                                                                                                                     |                                                                        |                                                                                                     |                                                                                                                                    |                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type                                                     | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                    | Cruise Control                                                         | Drive Train                                                                                         | Vehicle Type                                                                                                                       | Body Style                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |

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

|                                   |                                                                                                    |                                                                                                                                                |                                                                                             |
|-----------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>03250000<br>06400000 | Part Name(s)<br>BRAKES:HYDRAULIC/ANTI-SKID SYSTEM<br>FUEL:THROTTLE LINKAGES AND CONTROL            | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures<br>0              | Date(s) of Failure(s) 18-AUG-2000<br>Mileage at Failure(s) 500150<br>Vehicle Speed at Failure(s) 2 | Failed Part(s) Available?<br>  Yes   No                                                                                                        | NHTSA Previously Contacted?<br>  Yes   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<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br>0 | Number of Fatalities<br>0 | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------|---------------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

CONSUMER'S SON WAS TRAVELING ABOUT 30MPH. WHILE APPROACHING A TRAFFIC LIGHT APPLIED BRAKES, AND BRAKE PEDAL WENT TO THE FLOOR. VEHICLE ACCELERATED INTO ANOTHER VEHICLE. THERE WERE NO INJURIES. CONSUMER TOOK VEHICLE TO DEALERSHIP, AND MECHANIC TOLD HIM THAT PROBLEM COULDN'T BE DUPLICATED. ABS BRAKE SYSTEM WASN'T OPERABLE. \*AK

CONTINUE ON BACK IF NEEDED

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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                                                                                                            |                                                                                                                                        | FOR AGENCY USE ONLY 252                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Date Received<br><b>21-SEP-21 AM 8:00</b><br><b>21-AUG-2000</b><br>OFFICE<br>DEFECTS INVESTIGATION                                                                                                                                      | Od. or<br>od_rt<br>up_ltr<br>Reference No.<br><b>868216</b>                                                                                                                                                                                                                                             |
| 627904                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                        | Work Number<br>Home                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                         |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| Signature of Owner _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                        | Date <u>9/11/00</u>                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                         |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)<br><b>1GBFK1CK3PJ411372</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Vehicle Make<br><b>CHEVROLET TRU</b>                                                                                                   | Vehicle Model<br><b>SUBURBAN</b>                                                                                                                                                                                                        | Vehicle Year<br><b>1993</b>                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Current Odometer Reading<br><b>50485</b>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                         |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Dealer's Name <u>Camero Real Chevrolet</u><br>City <u>Monterey Park</u> State <u>Ca</u> Zip Code <u>91754</u>                          |                                                                                                                                                                                                                                         | Engine Size (CID/CC/L) _____<br>No. Cylinders _____                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                                                                                            |                                                                                                                                                                                                                                                                                                         |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                              | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                      | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input checked="" type="checkbox"/> Other <u>Suburban</u><br><input type="checkbox"/> Sport Ult<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other             |                                                                                                                                                                                                                                                                                                         |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| Component<br><b>03260000</b><br><b>06400000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Name(s)<br><b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b><br><b>FUEL:THROTTLE LINKAGES AND CONTROL</b>                                  | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                          | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                                                                                             |
| No. of Failures<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date(s) of Failure(s) <u>18-AUG-2000</u><br>Mileage at Failure(s) <u>500450</u> → <u>50450</u><br>Vehicle Speed at Failure(s) <u>0</u> | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                        | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" 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:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                            | Number of Persons Injured<br><b>0</b>                                                                                                                                                                                                   | Number of Fatalities<br><b>0</b>                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                        | Estimated Property Damage                                                                                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                               |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| CONSUMER'S SON WAS TRAVELING ABOUT 30MPH. WHILE APPROACHING A TRAFFIC LIGHT APPLIED BRAKES, AND BRAKE PEDAL WENT TO THE FLOOR. VEHICLE ACCELERATED INTO ANOTHER VEHICLE. THERE WERE NO INJURIES. CONSUMER TOOK VEHICLE TO DEALERSHIP, AND MECHANIC TOLD HIM THAT PROBLEM COULDN'T BE DUPLICATED. ABS BRAKE SYSTEM WASN'T OPERABLE. *AK                                                                                                                                                                                                                                           |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |
| 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. |                                                                                                                                        |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                         |

September 1, 2000

To: General Motors Custom Assistance Center  
Attn: Mr. Justin Fair/Custom relationship Manager  
P.O. Box 436008  
Pontiac, MI 48343-6008

RE: Brakes System on VIN : 1GBF16K3PJ411372

Dear Mr. Fair:

Per our previous telephone conversation regarding my 1993 Chevrolet Suburban ABS brakes system have been a problems since original purchasing dated on December 23, 1993. In the first three years I experienced that when vehicle speed at 35-40 miles driver applied the brakes pedal which responding a very high vibration to the foot which driver have to press harder and then suddenly the vehicle not only could not stopping but also increased speed and jerks the Suburban moving forward. I did consulted my Suburban Brakes problem to Camino Real Chevrolet in Monterey Park. Mr. Bill Medina and the Technician who's answer was "the driver of Suburban have to get use the ABS system on heavy car of Suburban. But the situation continue happened till now. It is very difficulty to duplicated just go through technician test drive. It almost happened once a year or every 6000-7000 miles a time. Here I would like to list the history of my Suburban Brake concerns:

1. In 1996, and 1997 the same situation happed twice again when vehicle slower down to 30 miles the applied the brakes could not be able stopping at normal stop distant which means the vehicle extended the stopping distant than normal stopping. Oct. 24, 1997 ( meter reading a 30364 milage) I bring the vehicle to an independent repair shop named "Stop Brakes Shop" to thoroughly inspect ed by Technician David who found the brakes lining showed pad front and real still ok and the real lining had 70% left.

2. December 2, 1997 (meter reading at 31350), Guncerson Chevrolet in El Monte had inspected and test driven the Suburban for concerned brakes and other problems. The real lining pad had been replaced even it was still good for additional 10,000miles which I just want to secure the brakes system in excellent condition.

To be continued to page 2

3. In September of 1998 this suburban did not be able to stop at the traffic light when speed just only about 30 miles when applied brake hardly the car still moving forward 10-15 feet ahead of stop line.

4. In August of 1999 this car traveling on the street of Santa Anita Ave., of Arcadia, some one cut in my lane, I have to applied brakes for emergency stop at speed below 40 miles but it was failed again and almost crash to front moving car ( it was little touched to the from car's bumper) however, no one got down and keep driving which already so scared me when my suburban could not be able to stop as normal. I made special trip to Gunderson Chevrolet talked to Mr. Roger Isais/ Service Consultant report my brakes problems but there was same answer that they have to test drive to catch same problem. I got no help at that time.

5. In October of 1999, one news release that the some GM car brakes problems which will be recalled by GM including Chevrolet Suburban. I rushed to Gunderson Chevrolet talked to Mr. Roger Isais again, he indicated to me I have to wait the letter from GM's recall.

6. Last Brakes failed was at 4:00 pm on August 18, 2000 while traveling west bound on Huntington Drive, Arcadia at the speed of around 30 miles, applied the brakes to slower down vehicle while nearing the Cherokee car which was waiting traffic light. However, as the car slows down and seems like it is about to stop, the brake pedal becomes loose and jerks the Suburban forward, even increasing its speed. As the result, the Suburban collides with the Cherokee and due to the impact of collision, the Cherokee collides with a Honda Minivan.

7. August 19, 2000 at 7:35 am I drove the Suburban to Gunderson Chevrolet to report Brake failed. Mr. Roger Isais requested me to bring in next Monday on August 21, 2000 at 8:00am. I did leave the car for 5 days and report to GM headquarter per Mr. Isais opinion who expect GM send expert to inspect the car since their technician could not be able duplicated the problems we had before. Personally talking to technician Mr. Julia who told me the Brakes system installed in my Suburban is the Kelsey Hayes RWA ABS system. The rear lining pad is normal wear out with 25% left should not the reason of Brakes fail as we had before. It could be Hydraulic system or any other component linked to Brakes system problem then there is no way for a technician to find out the defective portion.

8. On August 29, 2000 one of the Arco station technician inspect my Suburban's Brakes system technician found the Brakes Booster has noise. But also made oral comment the Hydraulic system could have some imperfection.

9. On Sept. 1, 2000 I had my Suburban inspected, test drive, adjust and replaced the front lining and replace stud and lug nut on left front.

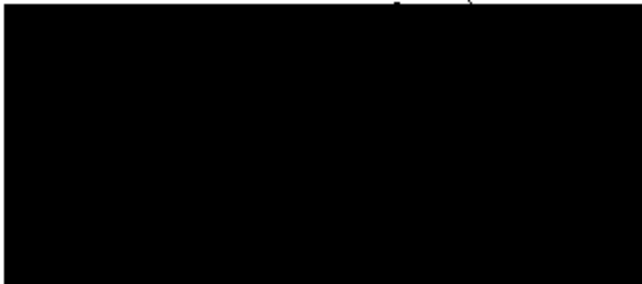
To be continued to Page 3

In over all the brakes problems still exist in my Suburban. For the past 6 years and 8 months (current actual milage is 50468 ) The Brakes fail to stop and extended stop distance happened 7times which means : if test drive to duplicate same problem have to test drive for 8-12 months or 6-7000 miles as same driver could be hit one time of Brakes fail. It is unfair to consumers to keep a potential dangerous car on the road without help from Manufacturer.

I am very sincerely hope that you the Big Company GM can really investigate the Brakes system in my Suburban. As I love the car and I do not want to get rid of it at this moment. I only seeking for help from Headquarter. Your three Chevrolet Dealers could not be able to help me for the past years.

Thank you for any further help you may have.

Sincerely yours,

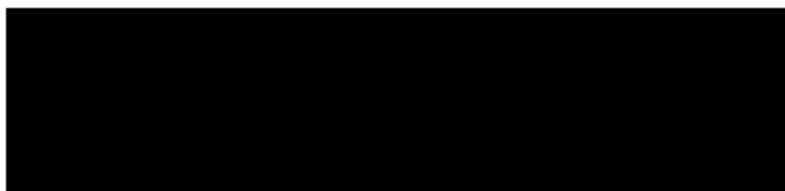


| DOT Auto Safety Hotline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | FOR AGENCY USE ONLY 252                                                                                                                                                                                                                 |                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                |                                                                                                                                              |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                               | Date Received <u>21-AUG-2000</u><br>Office Defects Investigation                                                                                                                                                                        |                                                                                                                                              |
| <div style="background-color: black; width: 400px; height: 40px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | Op. or rt. dt. <u>21-AUG-2000</u><br>up_itr <u>1</u>                                                                                                                                                                                    |                                                                                                                                              |
| 627904.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               | Reference No. <u>868216</u>                                                                                                                                                                                                             |                                                                                                                                              |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                     |                                                                                                                                              |
| Signature of Owner <div style="background-color: black; width: 200px; height: 20px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                               | Date <u>9/11/00</u>                                                                                                                                                                                                                     |                                                                                                                                              |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><u>1GBFK12K3PJ411372</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Vehicle Make<br><u>CHEVROLET TRU</u>                                                                                                                                          | Vehicle Model<br><u>SUBURBAN</u>                                                                                                                                                                                                        | Vehicle Year<br><u>1993</u>                                                                                                                  |
| Current Odometer Reading<br><u>50485</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| Purchase Date<br><u>12-AUG-2000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dealer's Name <u>Carmax Real Chevrolet</u>                                                                                                                                    | Engine Size (CID/CC/L)<br><u>4.3</u>                                                                                                                                                                                                    | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City <u>Monterey Park</u> State <u>Ca</u> Zip Code <u>91754</u>                                                                                                               | No Cylinders <u>6</u>                                                                                                                                                                                                                   |                                                                                                                                              |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                     | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                     |
| Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input checked="" type="checkbox"/> Other <u>Suburban</u> | Body Style<br><input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other             |                                                                                                                                              |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| Component<br><u>03260000</u><br><u>06400000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Name(s)<br><u>BRAKES:HYDRAULIC;ANTI-SKID SYSTEM</u><br><u>FUEL:THROTTLE LINKAGES AND CONTROL</u>                                                                         | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                          | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                  |
| No. of Failures<br><u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date(s) of Failure(s) <u>12-AUG-2000</u><br>Mileage at Failure(s) <u>50450</u> → <u>50480</u><br>Vehicle Speed at Failure(s) <u>0</u>                                         | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                        | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                           |
| APPLICATION INCIDENT INFORMATION<br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| Crash<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                   | Number of Persons Injured<br><u>0</u>                                                                                                                                                                                                   | Number of Fatalities<br><u>0</u>                                                                                                             |
| Estimated Property Damage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                               | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                               |                                                                                                                                              |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| <p>CONSUMER'S SON WAS TRAVELING ABOUT 30MPH. WHILE APPROACHING A TRAFFIC LIGHT APPLIED BRAKES, AND BRAKE PEDAL WENT TO THE FLOOR. VEHICLE ACCELERATED INTO ANOTHER VEHICLE. THERE WERE NO INJURIES. CONSUMER TOOK VEHICLE TO DEALERSHIP, AND MECHANIC TOLD HIM THAT PROBLEM COULDN'T BE DUPLICATED. ABS BRAKE SYSTEM WASN'T OPERABLE. *AK</p>                                                                                                                                                                                                                                       |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |
| 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. |                                                                                                                                                                               |                                                                                                                                                                                                                                         |                                                                                                                                              |

NSA

September 20, 2000

From:



Re: DOT Auto Safety Hotline Reference No. ~~50450 dated 01 Aug 2000~~  
Correct VIN No. & Mileage at fail

To: U.S. Department of Transportation  
National Highway Traffic Safety Administration  
400 7<sup>th</sup> Street, SW  
Washington DC 20590

Dear Sir:

The VOQ reviewed after I sent out, I found errors on the VIN number and Milage at fail.  
The following will be the corrected information.

1. VIN No. : **1GBK16K3PJ411372** ( the error was 1GBK1CK3PJ411372)
2. Milage at fail: **50450** ( the error was 500450)

Please correct accordingly with many thanks.

Enclosed the original copy of VOQ for reference.

Best regards



cc: Sindy C. AAA Club

EXECUTIVE SECRETARIAT  
2000 OCT - 4 P 43  
NATIONAL HIGHWAY TRAFFIC SAFETY ADMIN.  
U.S. DEPARTMENT OF TRANSPORTATION