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

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 Received: 20-DEC-2002 RECEIVED OFFICE DEFECTS INVESTIGATION
Repository ☐
Reference No. 10001299

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City FAIRBANKS | State AK | Zip Code [redacted]
Daytime Telephone Number [redacted] | E-mail Address
Evening 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 a[redacted]e or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 12/19/02

VEHICLE INFORMATION

17 digit Vehicle Identification Number (located at bottom of windshield on driver's side)	Make	Model	Model Year
1GTEK19T5XE520665	GMC	PICKUP	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
Mar 1999	AURORA MOTORS 459-7000			8	GAS
Original Owner ☒	Dealer's City Fairbanks AURORA Motors	State AK	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	4X4	046100 SERVICE BRAKES, AIR:ANTILOCK CONTROL UNIT/MODULE
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2002	43000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

CONSUMER STATES THAT ANTI-LOCK BRAKE MODULE CONTINUES TO RUN WHEN ACTIVATED IN AN ABS BRAKING SITUATION. IT DRAINS VEHICLE'S BATTERY AND CONSUMER HAS TO PHYSICALLY PULL FUSE TO GET ABS TO DEACTIVATE. TS

I know of many instances that this has happened on similar vehicles

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY