



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 100079

Date Received: 2003 AUG 15 PM 7:10
04-JUN-2003
Repository:
Reference No.: 10022326

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: LEBANON State: PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED]
Evening Telephone Number: [REDACTED]
E-mail Address: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner: _____ Date: 8/11

VEHICLE INFORMATION

22 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKDM19W31B [REDACTED]
Make: GMC Model: SAFARI Model Year: 2001
Date Purchased: 30 JAN 01 Dealer's Name and Telephone Number: PAULNER 717-238-7324
Engine: V6-4.3L100 Fuel Type: GAS
Original Owner: Dealer's City: 2060 PAXTON ST HARRISBURG PA Zip Code: 17105
Transmission Type: 4-SPD-AUTO # -OVERDRIVE
 Antilock Brakes
 Cruise Control
Powertrain: LOCKING RRAR DIFFERENTIAL 2WS
Vehicle Component Code: 046000 SERVICE BRAKES, AIR-ANTILOCK
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 04-JUN-2003
Failure Mileage: [REDACTED]
Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] The Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTMALSABC036): [REDACTED] Original Equipment Prior Repair
Failure Location: [REDACTED]
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

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

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: Yes No
Fire: Yes No
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] Reported to Police: 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).

WHEN APPLYING THE BRAKES IT TAKES A LONG TIME TO STOP. ALSO, MAKES CLINKY NOISES. DEALER HAS INSPECTED VEHICLE AND COULD NOT DUPLICATE OR CORRECT THE PROBLEM.*AK

SOMETIMES WHEN APPLYING BRAKES THE VAN VIBRATES SO MUCH THAT THE WINDOWS RATTLE



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

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 summarized version thereof, may be used in support of the agency's action.

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**