



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 1375

Date Received

2003 AUG 15 AM 10:31  
25-JUL-2003

Repository

Reference No.  
10030147

**OWNER INFORMATION (Type or Print)**

Name

Address

City ELLISVILLE

State MO

Zip Code

Daytime Telephone Number

Email 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 an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner

Date 8/1/03

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side  
1GKE19W7P8549353

Make  
GMC

Model  
SAFARI

Model Year  
1993

Date Purchased  
9/15/95

Dealer's Name and Telephone Number  
BOMMARITO - 636-391-7200

Engine:  
No: Cylinders 8

Fuel Type:  
GAS

Original Owner

Dealer's City  
ELLISVILLE

State  
MO

Zip Code  
63011

Transmission Type

AUTO

Antilock Brakes

Cruise Control

Powertrain

ALL WHEEL DRIVE

Vehicle Component Code

104000 POWER TRAIN: TRANSFER CASE (4-WHEEL DRIVE)

Multiple Failures: 1

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

Incident Date(s)

UNKNOWN  
7-24-03

Failure Mileage

124,000

Failure Speed

**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: DOTMALSABC036)

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

Yes  No

Fire

Yes  No

Number of Persons Injured

Number of Deaths

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).

THE BRACKETS ON BOTH SIDES OF THE TRANSFER CASE, THAT HOLD THE FRONT AXLE IN PLACE, ARE BROKEN. CONSUMER VERY CONCERNED ABOUT TRANSFER CASE DROPPING WHILE VEHICLE IS IN MOTION. \*AK

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 be 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.

