



# 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

National Highway  
Traffic Safety  
Administration

FOR AGENCY USE ONLY

Date Received

2003 AUG 29 AM RECEIVED

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2003 AUG 26 P 11:12

Reference No.

10037937

OFFICE OF DEFECTS INVESTIGATION

Daytime Telephone Number

OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Apt. No.: [Redacted]  
City: ST CHARLES State: MO

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 may, if necessary, provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 8/26/03

PRODUCT INFORMATION

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| Vehicle Identification No. (VIN)<br>(17 Digits)<br><u>1GTDN1E4X93RS14160</u>  |   | Model<br><u>GMC</u>   |   | Model<br><u>Safari</u>  | Year<br><u>2003</u>   |
| Purchased Date<br><u>4-25-03</u>  | Dealer's Name<br><u>BEHLMAUD</u>  |   | Engine Size (CID/CC)<br><u>6</u>  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input checked="" type="checkbox"/> Fuel Injection |   |
| <input type="checkbox"/> New <input type="checkbox"/> Used  | Dealer's City<br><u>HAZELWOOD</u>   | State<br><u>MO</u>  | Zip Code<br><u>63042</u>  | No. Cylinders<br><u>6</u>   |   |
| Manufacture Date (on driver's door or piler)<br><u>4-03</u>   | Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | Restraint System<br><input checked="" type="checkbox"/> Driver's Air Bag <input type="checkbox"/> Occupant<br><input checked="" type="checkbox"/> Passenger's Air Bag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> 3-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                           | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input checked="" type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other |
| Body Style<br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Subcompact<br><input type="checkbox"/> Full-Size Truck<br><input type="checkbox"/> Other <u>VAN</u> |   |   |   |   |   |

FAILED COMPONENT(S)/PART(S) INFORMATION

|  |  |  |  |
|--|--|--|--|
| Part Name(s)<br><u>DRIVERS SEAT MIRROR</u> | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement | Handicap Adaptive Equip.<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No |
|--|--|--|--|

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

|                    |                       |                       |                             |   |   |
|--------------------|-----------------------|-----------------------|-----------------------------|---|---|
| Tire Brand         | Tire Name             |                       |                             |   |   |
| Complete Tire Size | DOT No.               |                       |                             |   |   |
| No. of Failures    | Date(s) of Failure(s) | Mileage at Failure(s) | Vehicle Speed at Failure(s) | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

APPLICABLE INCIDENT INFORMATION

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

|  |  |  |                                     |   |
|--|--|--|-------------------------------------|---|
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fat<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured<br><u>NONE</u> | Number of Fatalities<br><u>NONE</u> | Reported to Manufacturer<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|--|-------------------------------------|---|

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies): DRIVERS SEAT MIRROR HAS SERVE  
OPERATION CAUSING VARIOUS DEGREES OF DISTORTION CAUSING  
ME TO HAVE EYE HEAD ACHS, BODY TENSED UP, AND FEELING  
ANXIOUS. ROAD CONDITIONS, WEATHER, TEMPERATURE, EXCESSIVE  
SPEED, & SPEED OF VEHICLE ALL EFFECT MIRROR VERTICALLY.  
PASSENGER SEAT MIRROR IS PERFECT.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.

Mail postage free or fax to 202-365-7882