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 100145

Date Received	Repository ☐
14-OCT-2003 NOV 12 10:7:04	Reference No. 10042872

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address			
City ANACONDA	State MT	Zip Code	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 au[illegible]r address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/30/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number located at bottom of windshield on driver's side	Make	Model	Model Year
2GTEK19K2515135509	GMC	GMC 2 Wheel 1500	1995

Date Purchased	Dealer's Name and Telephone Number			Engine: No: Cylinders	Fuel Type:
6-29-02	Butte GM			8	Gas
Original Owner ☐	Dealer's City Butte, Montana	State MT	Zip Code 59702		

Transmission Type			Vehicle Component Code
Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain	135200 VISIBILITY:REARVIEW MIRRORS/DEVICES:EXTERIOR
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
11-AUG-2002	64,000	30 MPH + up	outside Mirrors Vibrate or bad they Can't use them at highway Speeds and particularly at night [illegible]

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: DOTMA1BABC036)	☐ 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).

REAR VIEW MIRROR VIBRATES, CAUSING DISTORTION OF VISION. CAUSE OF VIBRATION IS UNDETERMINED. *AK

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