



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: 22 OCT 2003  
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OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: BOISE State ID: Zip Code: [Redacted]

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

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of Signature of Owner: [Redacted] name or address to the vehicle manufacturer.  YES  NO  
Date: 11/11/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKFK16RXXJ750109  
Make: GMC Model: SUBURBAN Model Year: 1999  
Date Purchased: JAN 99 Dealer's Name and Telephone Number: DENNIS DIXON 301 SE 20  
Engine: No. Cylinders: 6 Fuel Type: G  
Original Owner:  YES Dealer's City: BOISE State: ID Zip Code: [Redacted]  
Transmission Type: A Antilock Brakes:  Powertrain: Vehicle Component Code: D17000 STEERING:LINKAGES  
 Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 21-OCT-2003 Failure Mileage: 83000 Failure Speed: ALL SPEEDS  
POWER STEERING ASSIST

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: DOTMALSABCD38):  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: 0 Number of Deaths: 0 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).

STEERING PULLED TO THE RIGHT. NO IMPACT REPORTED. \*AK STEERING CONSTANTLY PULLED TO

I BEGAN EXPERIENCING PROBLEMS WITH THE STEERING ALMOST IMMEDIATELY. HAD YEA CHECKED SEVERAL TIMES AT DEALERSHIP WHILE UNDER WARRANTY, BUT THEY FAILED TO DIAGNOSE THE PROBLEM. NOW I AM SEEKING REPAIR OR RECONSTRUCTION AS I HAVE LOCATED A WARRANTY BUSINESS IDENTIFYING THE SOURCE OF THE PROBLEM

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 statistical summary thereof, may be used in support of the agency's action.

ORIGINAL SUBMITTED WITH THIS REPORT