



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 1367

Date Received

Repository

2004 11/15 AM 8:06
08-DEC-2003

Reference No.

10050229

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CADIZ State: KY Zip Code: [REDACTED]

Daytime Telephone Number

E-mail 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: [REDACTED] Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GTC519X93 [REDACTED]
Make: GMC Model: SONOMA Model Year: 2003
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: WYATT JOHNSON
Original Owner: Dealer's City: CHARLEVILLE State: TN Zip Code: 37040 Engine: No. Cylinders: 6 Fuel Type: GAS
Transmission Type: MANUAL Antilock Brakes Cruise Control Powertrain: [REDACTED] Vehicle Component Code: 1Q2100 POWER TRAIN: MANUAL TRANSMISSION: COLUMN SHIFT AS!
Multiple Failure: SEVERAL !!

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-NOV-2003 Failure Message: 10 Failure Speed: DURING SHIFT HANDLE RELEASE

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM1BABC036) 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).

INTERMITTENTLY WHILE DRIVING OR ACCELERATING FROM A COMPLETE STOP GEAR SHIFTER POPS OUT OF GEAR INTO NEUTRAL. THIS OCCURS WHEN THE RUBBER BOOT AROUND THE GEAR SHIFTER HANDLE SLIDES UP. DEALERSHIP SLID THE BOOT BACK INTO PLACE, BUT THE PROBLEM RECURRED. *AK A NEW BOOT WAS INSTALLED BY THE DEALERSHIP AND STILL PROBLEM RECURRED!!

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.