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

2004 FEB 26 AM 9:36

FOR AGENCY USE ONLY 120

| Date Received | Repository |
|---|---|
| 20-JAN-2004 | |
| | Reference No. 10055427 |

## OWNER INFORMATION (Type or Print)

| Name | Daytime Telephone Number | E-mail Address |
|---|---|---|
| [redacted] | [redacted] | |
| Address [redacted] | Evening Telephone Number | |
| City WAKEFIELD / State MI / Zip Code [redacted] | | |

*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 2/14/04

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Location: at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1GTGK29U7YE235048 | GMC | SILVERADO | 2000 |

| Date Purchased | Dealer's Name and Telephone Number | | Engine: No. Cylinders | Fuel Type: |
|---|---|---|---|---|
| 12/31/99 | Von Holzen, Inc 715-682-8141 | | | |
| Original Owner ☐ | Dealer's City: Ashland | State: WI Zip Code: | 8 | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| Auto | ☒ Antilock Brakes ☒ Cruise Control | | 033000 SERVICE BRAKES, HYDRAULIC:POWER ASSIST |
| | | | Multiple Failure: 2 |

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

| Incident Date(s) | Failure Mileage | Failure Speed |
|---|---|---|
| 20-JAN-2004 | 62,000 | 10 mph |

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65RT5) |
|---|---|---|
| DOT No. (Example: DOTMALSABC038) | ☐ 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 | None | | 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).

CONSUMER STATED THAT ABOUT 2 WEEKS AGO WHILE BACKING OUT OF GARAGE POWER BRAKES AND POWER STEERING FAILED. CONSUMER SHUT OFF THE VEHICLE OFF AND THEN RESTARTED IT. VEHICLE WORKED PROPERLY AFTERWARDS. ALSO, CONSUMER STATED THAT HE THAT THERE WAS OF A RECALL ON THIS VEHICLE. *AK

Contacted GMC + reported the above. They gave me this number 1-178444725 As a reporting number. Vehicle has not failed again. Also contacted dealer service + explained problem.

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