



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](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 100184

Date Received: 2004 FEB 19 11:12  
Repository:   
Reference No.: 10055834

**OWNER INFORMATION (Type or Print)**

Name: [Redacted]  
Address: [Redacted]  
City: LINWOOD State: NJ 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?  YES  NO  
In the absence of an authorized NHTSA representative, your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 2/11/04

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number located at bottom of windshield on driver's side: PLEASE PROVIDE 1GDDM19W3Y8513691  
Make: GMC Model: SAFARI Model Year: 2000  
Date Purchased: 4-29-2000 Dealer's Name and Telephone Number: ASPLUNDH BUNK GMC (609) 597-4700 Engine: V-6 No. Cylinders: 6 Fuel Type: GAS  
Original Owner:  Dealer's City: MANAHAWKIN State: NJ Zip Code: 08050  
Transmission Type:  AUTO  
 ABS/ESC Brakes Powertrain: [Redacted] Vehicle Component Code: 160000-STRUCTURE  
 Cruise Control Multiple Failure: 1

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

Incident Date(s): 12/20/2003 Failure Mileage: 37000 Failure Speed: NA CAR WAS PARKED

**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: DOTM19ABC036): [Redacted] Original Equipment Prior Repair:  Failure Location: [Redacted]  
Tire Component Code: [Redacted] The 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: 0 Number of Deaths: 0 Reported to Police: NO

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).

WHILE THE CONSUMER WAS GRIPPING A DASH BOARD HANDLE TO PULL HERSELF UP, THE HANDLE CRUMBLD INTO MESSY PIECES. THE MANUFACTURER AND THE DEALER ARE AWARE OF THE PROBLEM. (DEALER BECAME AWARE WHEN I ORDERED REPAIRMENT PART.)

12/20/2003 PART NO GM 15757581 HNDL-ASSTL/PASS SEE ATTACH.

I HAVE THE BROKEN PIECES AND HAVE FORWARDED INFORMATION AS TO WHERE I

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.

HOW I SHOULD SEND THEM OVER TO YOUR DEPARTMENT.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

(1) MY WIFE & I ARE SENIORS SO THE HANDLE  
SOMEWHAT LITTLE IF ANY A RUSE THAT  
WOULD CONTRIBUTE TO THE FAILURE.

(2) WIFE IS 5'6" & 133 LBS.

(3) FAILED AS SHE WAS MOVING UP TO EXIT  
CAR. - AT TIME OF FAILURE SHE FELL  
BACK INTO THE SEAT - NO INJURY.

(4) THE SAFETY HAZARD IS AS FOLLOWS  
TO ENTER OR EXIT ON VEH 3 STEPS UP.  
" IF FAILURE TAKES PLACE WHILE ON  
STEPS ONE CAN BE INJURED FROM FALL  
ON PAVING "

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department  
of Transportation

National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Office of Defects Investigation, NVS-216  
400 7th Street, SW  
Washington, DC 20590



**VEHICLE  
OWNER'S  
QUESTIONNAIRE**



**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH2DOT**

and dial toll free at

**1-888-DASH-2-DOT**  
**1-888-327-4238**

DOT Auto Safety Hotline  
(DASH) & DOT



US Department of Transportation  
National Highway Traffic Safety  
Administration  
Highway Vehicle Safety Administration

**Z46-108-B2**

**1575-7561**  
**15757561**

**ONE**

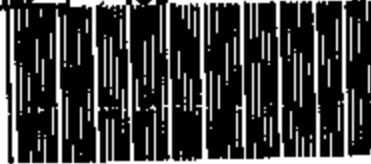
**INCL-ABSTL/P AGG**

**1 PCS**



WORK ORDER	Q1 DATE	Q1	PRICED
4117140	01/02/04	60828	V
CURT	ORDER	ORD ITEM	SEPT
109439	1441318	10	6-511804
CURT BIN/ PART		CNTL NO/PG	Q1
TUB		C797	5475

**PCRWB**  
**1.27**



Q1 N: 109439    AC N: 109439    PCS L  
 CRT/PG C797    ORD IT 10    SEPT 6-511804  
 ORD 1441318    Q1 DATE 01/02/04    CURT 109439

CURT BIN/PT TUB    CAT QP: 16.400    PRD IN:



IN SERVICE PARTS OPERATIONS  
24 Hour M-F  
Monday-Friday

SEPT 6-511804  
ASPLUNDH BUICK/PONTIAC-GMC INC  
448 RTE 72

**2609**

**MANAHAWKIN**

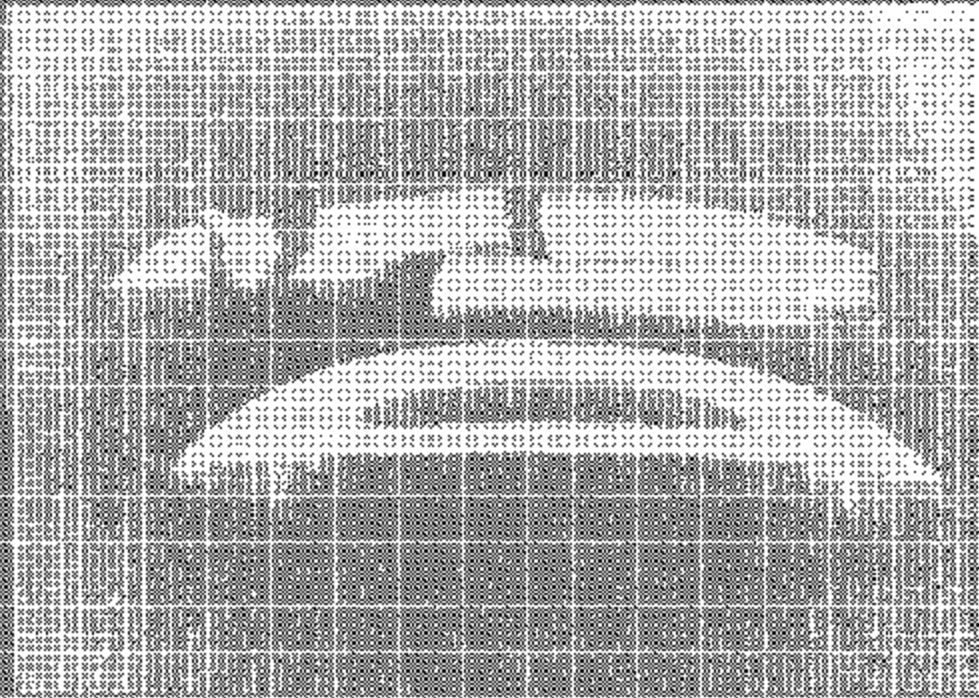
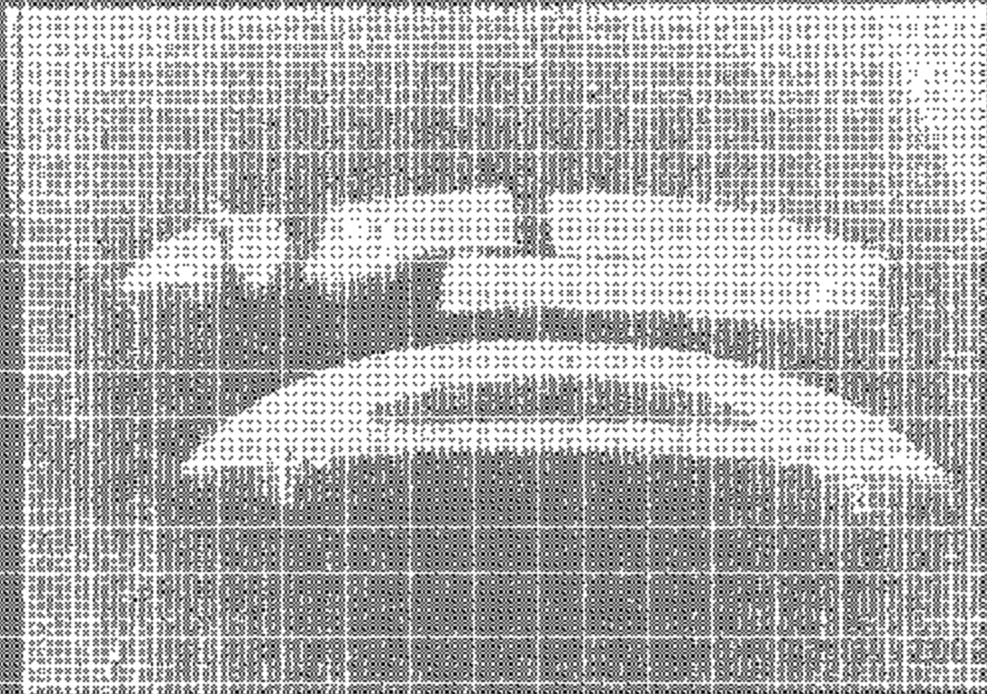
**NJ 08050-3586**



DOE 008    STG 008

NET PRICE 4691804    06

**2609**



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