



U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-688-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100192

Date Received: FEB 26 AM 9:20
Repository:

Reference No.
10057394

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: OAKDALE State: MN Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] 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 authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 2/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GTC51945W [REDACTED]
Make: GMC Model: SONOMA Model Year: 1998

Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No. Cylinders: 4 Fuel Type: GAS
Original Owner: Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Transmission Type: MANUAL Antilock Brakes: Powertrain: [REDACTED] Vehicle Component Code: D50000 PARKING BRAKE
 Cruise Control: Multiple Failures: [REDACTED]

FAILURE COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): [REDACTED] Failure Mileage: 5400 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

The Make: [REDACTED] The Model (Name or Number): [REDACTED] The Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM4LSA9C036): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
The 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: [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 not, part is available).

WHENEVER THE PARKING BRAKE WAS PRESSED IT WOULD COME BACK UP. *NM

HAS NOT BEEN REPAIRED

NOTES: CONFIDENTIAL - UNLESS OTHERWISE INDICATED

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.