



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

2004

FOR AGENCY USE ONLY 120

Date Received
PR - J... PM 12:30
08-MAR-2004

Repository

Reference No.
10061735

OWNER INFORMATION (Type or Print)

Name
Address
City OSAGE BEACH State MO Zip Code

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 Date 03/25/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2GTEC19V9Y1131580 Make GMC Model T PICKUP Model Year 2000
Date Purchased sep 2000 Dealer's Name and Telephone Number 816-630-3151 Engine: 4800sf1 Fuel Type: gas
Westfall-Odell Motors INC No. Cylinders 48
Original Owner Dealer's City State Zip Code
ID#69Hiwy Excelsior MO 64024
Transmission Type Auto Antilock Brakes Powertrain Vehicle Component Code
 Cruise Control 2-wheel 140000 AIR BAGS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 09-MAR-2004 Failure Mileage 61k Failure Speed 55 Air bag did not deploy on collision

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: DOT14ALBABC036) 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 Number of Deaths Reported to Police Y

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 TRAVELING 55-60 MPH IN RAINY WEATHER CONSUMER'S VEHICLE WAS INVOLVED IN A CRASH, IT HYDRO PLANED AFTER HITTING A PATCH OF WATER ON THE HIGHWAY. VEHICLE WAS BOUNCING ALL OVER THE HIGHWAY. UPON IMPACT, AIR BAGS DID NOT DEPLOY. THERE WERE NO INJURIES. *AK Direct head-on with hiway barrier on shoulder

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-502) 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.