



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 100078

Date Received

Repository

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22-MAR-2004

Reference No.
10063580

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: NASHVILLE State: TN 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 _____ Date: 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side IGKEK13Z5J278363		Make GMC	Model YUKON	Model Year 2003
Date Purchased 5/26/03	Dealer's Name and Telephone Number EARL DUNN DODGE BUICK TOYOTA		Engine: Cylinders 8	Fuel Type: Gas unleaded
Original Owner <input checked="" type="checkbox"/>	Dealer's City MADISON, TENNESSEE	State TN	Zip Code 37115	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain 4 WHEEL DRIVE	Vehicle Component Code 114200 ELECTRICAL SYSTEM:WIRING:INTERIOR/UNDER DASH Multiple Failure: 2	

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-MAR-2004	Failure Mileage	Failure Speed	
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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: DOTM18ABC036)	<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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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 WHEN THE VEHICLE WAS STARTED AT EARLY MORNING ALL LIGHTS APPEARED ON THE DASHBOARD, LASTING ABOUT 30 MINUTES. DEALER INSPECTED VEHICLE SEVERAL TIMES, AND REPLACED TWICE THE SWITCH SENSOR, BUT PROBLEM RECURRED. *AK

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.

THE FOLLOWING PAGES ARE NOT LEGIBLE