



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 1367

Date Received: 2004 MAY 11 PM 12:21
67-APR-2004
Repository
Reference No. 10056722

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: MILFORD State: OH 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 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: _____
Make: GMC Model: SIERRA Model Year: 1997
Date Purchased: _____ Dealer's Name and Telephone Number: _____ Engine: No: Cylinders: 8 Fuel Type: Reg
Original Owner: Dealer's City: _____ State: _____ Zip Code: _____
Transmission Type: Auto Antilock Brakes Powertrain: _____ Vehicle Component Code: D15000 STEERING:HYDRAULIC POWER ASSIST SYSTEM
 Cruise Control Multiple Failure: 20

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): _____ Failure Mileage: 50000 Failure Speed: _____

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: DOTM18BABC036) 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: 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).

STEERING WHEEL FAILURE. STEERING WHEEL SUDDENLY JERKED EITHER TO THE LEFT OR THE RIGHT. WHEN THIS OCCURRED STEERING WHEEL FELT LIKE IT WAS SEPARATING FROM ITS LINKAGE. A MECHANIC DETERMINED THAT THIS HAPPENED BECAUSE POWER STEERING BOOSTER WAS BAD, AND NEEDED REPLACEMENT. *AK

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

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