



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

FOR AGENCY USE ONLY 100147

Date Received: 2004 JUN -4  
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OWNER INFORMATION (Type or Print)

Name: [Redacted]  
Address: [Redacted]  
City: MALDEN State: MA Zip Code: [Redacted]  
Daytime Telephone Number: [Redacted]  
Evening Telephone Number: [Redacted]  
E-mail Address: [Redacted]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of your name or address to the vehicle manufacturer.  
Signature of Owner: [Redacted] Date: 5/17/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield: 1GKFK66UX4  
Make: GMC Model: YUKON Model Year: 2004  
Date Purchased: 2/23/04 Dealer's Name and Telephone Number: Halden-Noyes Buick/Pontiac/GM  
Original Owner:  Dealer's City: Arlington State: MA Zip Code: 02476  
Engine: No. Cylinders: 8 Fuel Type: Gas  
Transmission Type: automatic Antilock Brakes:  Powertrain: All Wheel Drive  
Cruise Control:  Vehicle Component Code: 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 4/1/04  
Failure Mileage: 1247  
Failure Speed: 12

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: Rt. 3A Burlington, MA  
Tire Component Code: [Redacted] Tire 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: 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 DRIVING, LPH DRIVERS SIDE UPPER BALL JOINT COLLAPSED, CAUSING THE DRIVER TO LOSE CONTROL OF THE VEHICLE AND HIT A TELEPHONE-POLE HEADON. CONSUMER HAD THE VEHICLE TOWED TO THE DEALERSHIP FOR REPAIRS. \*AK Sign Pole with Base of cement Also controlling arm had separated.

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.