



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 1001B4

Date Received
2004 SEP 28 AM 11:11
23-JUL-2004

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OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: SOLEBURY State: PA Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of a signature, provide your name or address to the vehicle manufacturer. YES NO
Signature of Owner: [REDACTED] Date: 8/2/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKDT135922 [REDACTED]
Make: GMC Model: ENVOY Model Year: 2009
Date Purchased: 10/01 Dealer's Name and Telephone Number: Fred BEANS GMC 215-345-7100
Engines: No. Cylinders: 6 Fuel Type: Gas
Original Owner: Dealer's City: Doylestown, PA State: PA Zip Code: 18901
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: [REDACTED] Vehicle Component Code: 021540 SUSPENSION: FRONT: CONTROL ARM: LOWER BALL JOINT
Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 06-JUL-2004 Failure Mileage: 46000 Failure Speed: STOPPED FOR LIGHT - SIGNAL driver in front of me that light changed (NO HORN)

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: Goodyear Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/85R15): [REDACTED]
DOT No. (Example: DOTM19ABC030): [REDACTED] Original Equipment Prior Repair Failure Location: [REDACTED]
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: 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).

CONSUMER TOOK THE VEHICLE IN TO HAVE THE BALL JOINTS REPLACED AT THE DEALER. AFTER RECEIVING THE VEHICLE BACK CONSUMER FOUND THAT THE HORN NO LONGER WORKED. ALSO, DEALER EXAMINED THE VEHICLE AIR BAG MODULE WAS DEFECTIVE. *AK

↓
horn ground was found Broken.
they replaced ground wire for Horn circuit under Dash.

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

The Privacy Act of 1974, Public Law 93-578 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 responses 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

Day After Raining Ball went replaced I stopped at light. When light changed to red driver in front of me was perceived I did not start to accelerate. I hit trucked my horn briefly to signal him. My horn faded a took it to Dealer. I Service Mgr. looked at it & notified that the horn was not working on both sides. I made an appointment to come in after my vacation to have it repaired. Copy of invoice enclosed



ATTACH ADDITIONAL SHEETS IF NECESSARY

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400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation
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Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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DOT AUTO SAFETY HOTLINE

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COMPLETE THIS FORM
ON

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and dial toll free at

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1-888-327-4238

DOT Auto Safety Hotline
(DASH) 2 DOT



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**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**