



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 100210

Date Received

Repository

2004 SEP - 8 AM 8:05
2004 JUL 2004

Reference No.
10UB3778

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City DAYTON State OH 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? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 9/22/04

VEHICLE INFORMATION

17 Digit Vehicle Identification Number (located at bottom of windshield on driver's side)
1GTCS19W3Y8 [REDACTED] Make: GMC Model: SONOMA Model Year: 2000
Date Purchased: 12/2000 Dealer's Name and Telephone Number: STAPELTONS BUICK & GMC Engine: No. Cylinders: 8 Fuel Type: GAS
Original Owner: No Dealer's City: New Canfield State: OH Zip Code: [REDACTED]
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: Auto Vehicle Component Code: 162510 STRUCTURE:BODY:TAILGATE:HINGE AND ATTACHMENTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 20-MAY-2004 Failure Mileage: 60,000 Failure Speed: Parked

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/66R16): [REDACTED]
DOT No. (Example: DOTM18ABC036): [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).

WHILE STANDING ON THE TAILGATE BOTH TAILGATE CABLES BROKE. THERE WERE NO INJURIES. VEHICLE WAS TAKEN TO THE DEALER FOR INSPECTION, AND MECHANIC DETERMINED THAT THE TAILGATE CABLES NEEDED TO BE REPLACED. *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.