



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 252

Date Received

Repository

19-AUG-2004

AM 9:07
Reference No.
10089319

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: COCHRANE State: WI 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 your signature, provide your name or address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 11/3/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GTDL18X42B [Redacted]
Make: GMC Model: SAFARI Model Year: 2002
Date Purchased: 10-01 Dealer's Name and Telephone Number: West Marto
Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: Monticello State: WI Zip Code: 55369
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control
Powertrain: ALL WHEEL DRIVE
Vehicle Component Code: 086000 SERVICE BRAKES, HYDRAULIC/ANTILOCK
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 18-AUG-2004 Failure Mileage: 23544 Failure Speed: 55

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [Redacted] Tire Model (Name or Number): [Redacted] Tire Size (Example P216/55R15): [Redacted]
DOT No. (Example: DOTM123ABC096): [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 APPLYING THE BRAKES, THE PEDAL WENT TO THE FLOOR. THE VEHICLE CONTINUED TO ACCELERATE. THE CONSUMER WAS ABLE TO PULL OVER AND TURN THE VEHICLE OFF. THE VEHICLE WAS LATER TAKEN TO A MECHANIC, WHO INFORMED THE CONSUMER THAT THE SWITCH TO THE ANTI-LOCK BRAKE MODULAR HAD SHORTENED OUT AND NEEDED REPLACEMENT. PLEASE FILL IN ADDITIONAL INFORMATION.

*JB

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 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.