



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 241

Date Received

2004 NOV
07-OCT-2004

Repository

Reference No. 12-57
10095332

OWNER INFORMATION (Type or Print)

Name [REDACTED]

Address [REDACTED]

City CECIL

State OH

Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

E-mail Address

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 11/1/04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GTCS14W2YK [REDACTED]

Make GMC

Model SAVANA SONOMA

Model Year 2001

Date Purchased 10-OCT-01

Dealer's Name and Telephone Number Stykeman Motors 419-784-5252

Engine No: Cylinders 6

Fuel Type: Gas

Original Owner

Dealer's City Defiance

State OH

Zip Code 43512

Transmission Type MANUAL
 Antilock Brakes
 Cruise Control

Powertrain 4 WHEEL DRIVE
2

Vehicle Component Code 162610 STRUCTURE: BODY: HATCHBACK/LIFTGATE: HINGE AND ATTA
Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAR-2004

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: DOTM19ABC036)

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 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).

BOTH CABLES TO THE LIFTGATE BROKE DUE TO RUST AND CORROSION. DEALER WAS CONTACTED. DEALER INFORMED CONSUMER THAT THE TRUCK WAS NOT COVERED UNDER A RECALL. *AK

Correct as printed



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.