



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 100248

Date Received

Repository

2005 AUG -1
29-NOV-2004

AM 5:02
Reference No.
10101755

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BELLEFONTE State PA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 a signature, this report will be sent to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 12-31-04

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GNFK16R0XJ [REDACTED] Make GMC Model ~~YUKON~~ Suburban Model Year 1999

Date Purchased 6/01 Dealer's Name and Telephone Number BLUE KNIB AUTO (814) Engine: No: Cylinders Fuel Type: Gas

Original Owner Dealer's City Altoona PA (TRUCARBVILLE) State PA Zip Code 16635

Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC: ANTILOCK Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-NOV-2004 Failure Mileage Failure Speed 15mph Master Cylinder / Power Boost Braking System / Wheel sensors

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 1 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).

BRAKES FAILED, CAUSING AN ACCIDENT. VEHICLE WAS TAKEN TO DEALER FOR REPAIRS, BUT THERE WAS NO APPARENT PROBLEM WITH THE BRAKES. THE BRAKES FAILED A SECOND TIME AT A STOP SIGN. *AK

Total # of persons injured was 2 ; 1 from each vehicle.
We were approaching an intersection with the light red. Upon putting on the brakes, they failed to operate. We tried to get out of the way to avoid a collision but were unsuccessful. We hit another car. The vehicle was evaluated by a GM garage and "at this time, the vehicle is deemed to be operating correctly!"

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.

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

Brakes failed when applied - we went thru an intersection, hit + demolished another car. Passenger in other car had brain attack and fx: pelvis. In our car, passenger suffered broken right thumb. Our vehicle was damaged front corner of driver side. CAR WAS REPAIRED + CHECKED OVER (Brakes) by GIM garage. No problem was found "at this time". 3 months later, the same thing happened again at a stop sign. I was not able to stop and went thru the stop sign. I was only traveling 10 mph. (I was leaving my driveway + going to street with a stop sign in close proximity).

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

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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 National Highway Traffic Safety Administration Office of Defects Investigation, NVS-216 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

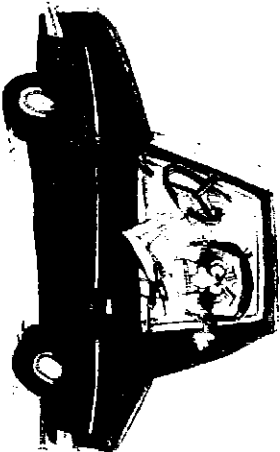
DASH2DOT

and dial toll free at

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DOT Auto Safety Hotline (DASH) 2 DOT



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