



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 100247

Date Received

Repository

47 07-DEC-2004

Reference No.
10103298

OWNER INFORMATION (Type or Print)

Name

Daytime Telephone Number

E-mail Address

Address

City

BONNE TERRE

State

MO

Zip Code

Evening Telephone Number

SAME

0

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an Signature of Owner _____ Date 1/10/05 YES NO
provide your name or address to the vehicle manufacturer.

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side

Make

GMC

Model

S15

Model Year

1989

Date Purchased

4/10/91

Dealer's Name and Telephone Number

PHOTOGRAPHIC

Engine:

No: Cylinders 4

Fuel Type:

INJECTOR

Original Owner

Dealers City

St. Louis, MO

State

Zip Code

Transmission Type

AUTOMATIC

Antilock Brakes

Cruise Control

Powertrain

Vehicle Component Code

128000 EXTERIOR LIGHTING: TURN SIGNAL

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-DEC-2003

Failure Mileage

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/66R16)

DOT No. (Example: DOTM18ABC038)

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

Number of Deaths

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 HAD VEHICLE SERVICED SEVERAL TIMES FOR THE FRONT LEFT BLINKER. FOR SOME REASON THE OUTSIDE BLINKER STOPPED WORKING EVEN THOUGH THE INSIDE SIGNAL ON DASHBOARD STILL WORKED. *AK

Please forward this report to the manufacturer.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-570) 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.