



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 1367

Date Received

2005 FEB 16
13-JAN-2005

Repository

Reference No.
10207320

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: BANGOR State: MI 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 an authorized signature, provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 2/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: NOT GIVEN 1GTEC19M7WE [REDACTED]
Make: GMC Model: SIERRA Model Year: 1998
Date Purchased: 2000 Dealer's Name and Telephone Number: Used?
Original Owner: [REDACTED] Dealer's City: Jackson State: MI Zip Code: [REDACTED] Engine: No. Cylinders: 8 Fuel Type: GAS
Transmission Type: Auto Antilock Brakes: Powertrain: 2 wheel drive
Vehicle Component Code: 011000 STEERING:WHEEL AND HANDLE BAR
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 01-JAN-2005 Failure Mileage: 130000 Failure Speed: [REDACTED]

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]
DOT No. (Example: DOTM1A8ABC036): [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: NONE Number of Deaths: NONE 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).

COMPLAINT RECEIVED VIA E-MAIL. "MY PICKUP HAS OCCASIONAL RESISTANCE WHEN MOVING THE STEERING WHEEL WHILE DRIVING. IT FEELS LIKE SOMETHING IS CATCHING AND THEN LETTING GO. THE STEERING WHEEL JERKS A LITTLE WHEN THIS HAPPENS. IT'S MORE ANNOYING THAN ANYTHING. THE TRUCK HAS 130,000 MILES ON IT. I BOUGHT IT WITH 44,000 MILES. THE TRUCK HAS BEEN INTO THREE DIFFERENT SHOPS WITHOUT THE PROBLEM CORRECTED." *NM

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.