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 100216

Date Received	Repository
2005 FEB 11 PM 2:22 13-JAN-2005	Reference No. 10107394

OWNER INFORMATION (Type or Print)

Name		Daytime Telephone Number	E-mail Address
Address		Evening Telephone Number SAME	
City: WEBSTER	State: NY	Zip Code:	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an i *name or address to the vehicle manufacturer.*
Signature of Owner _____ Date 2/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side	Make	Model	Model Year
1GDG15R9X1149252 1GDFG15R9X1	GMC	SAVANNAH	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
6-12-99	PATRICK POWNAL (585) 359-2200			No. Cylinders 8	
Original Owner ☒	Dealer's City: ROCHESTER	State: NY	Zip Code: 14623		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control		015100 STEERING:HYDRAULIC POWER ASSIST:PUMP Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
17-SEP-2004	53,321	25

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: DOTMALSABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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 DRIVING AT 55 MPH, [redacted] T. SUDDENLY, THE DRIVER WAS NOT ABLE TO STEER TO THE RIGHT. THE DRIVER WAS ABLE TO MAINTAIN CONTROL OF THE VEHICLE AND DROVE IT TO THE SHOP FOR INSPECTION. THE MECHANIC DETERMINED THAT THE POWER STEERING PUMP NEEDED TO BE REPLACED. PLEASE PROVIDE FURTHER DETAILS. *NM

THIS HAPPENED AFTER MAKING A SHARP TURN TO THE LEFT.
I COULD NOT STEER THE VAN LEFT OR RIGHT.
THE MECHANIC SHOWED ME THE SHAFT FROM THE POWER STEERING PUMP, IT WAS SNAPPED IN HALF.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).