



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 16  
(1-888-327-4236)  
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100145

Date Received 2005 MAR 10  
10-MAR-2005  
Repository   
Reference # 10114948

OWNER INFORMATION (Type or Print)

Name [Redacted]  
Address [Redacted]  
City SAINT JAMES State NY Zip Code [Redacted]

Daytime Telephone Number 631 241 2946  
Evening Telephone Number 631 686 6204  
E-mail Address BigJimBo311@optonline.net

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 3/10/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GKFK181 [Redacted]  
Make GMC Model YUKON XL Model Year 2004  
Date Purchased 11/26/03 Dealer's Name and Telephone Number King Drauche part Jefferson 631 473 5700  
Original Owner  Dealer's City State Zip Code Port Jefferson Station NY NY 11776  
Engine: No. Cylinders 8 Fuel Type: Gas  
Transmission Type AUTOMATIC  Antilock Brakes  Powertrain 4 wheel Drive  
Vehicle Component Code 221600 SEATS:FRONT ASSEMBLY:POWER ADJUST  
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 05-MAR-2005 Failure Mileage 14595 Failure Speed Driver seat moves By it self when Driving

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [Redacted] Tire Model (Name or Number) [Redacted] Tire Size (Example P215/65R16) [Redacted]  
DOT No. (Example: DOTM1ABC036)  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), condition, and injury(s).)

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).

WHILE DRIVING DRIVER'S POWER SIDE SEAT BEGINS TO MOVE FORWARD. DEALER STATES THERE WAS NO SOLUTION AT THIS TIME. \*AK  
Vehicle was to Dealer 12 Times for seat Repairs after the last Time while Driving Vehicle seat moved Forward By it self on Two different Times.

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

The Privacy Act of 1974 (Public Law 93-578) 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.

