



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: 2005 APR 25 AM 5:01
Repository:
Reference No.: 10115365

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Address: [Redacted]
City: RANCHO MURIETA State: CA Zip Code: [Redacted]

Daytime Telephone Number: [Redacted] E-mail Address: [Redacted]
Evening Telephone Number: [Redacted]

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 or address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 3/30/2005

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKEK13T74J [Redacted]
Make: GMC Model: YUKON Model Year: 2004
Date Purchased: [Redacted] Dealer's Name and Telephone Number: Folsom LAKE Pontiac/GMC 916- [Redacted]
Engine: No. of Cylinders: 8 Fuel Type: UNLEADED
Original Owner: Dealer's City: Folsom, CA State: CA Zip Code: 95630
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: [Redacted]
Vehicle Component Code: 150000 SEAT BELTS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 08-MAR-2005 Failure Mileage: [Redacted] 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: DOTM19ABC036): [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: GRACO Date Manufactured: [Redacted] Model No./Name: CHILD SAFETY SEAT
Seat Type: [Redacted] Installation System: [Redacted]
Child Seat Component Code: 512000 Failed Part: CHILD SEAT:BUCKLE:CONVERTIBLE

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).

WHILE BEING RESTRAINED CHILD WAS ABLE TO REACH THE STANDARD SAFETY BELT WHICH THE CHILD WRAPPED TWICE AROUND THE NECK. MECHANISM LOCKED THE BELT, CAUSING THE CHILD TO STRANGLE. CONSUMER WAS ABLE TO REMOVE CHILD FROM BEING STRANGLER. *AK

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 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.