Form Approved: O.M.B. No. 2127-0006

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

Date Received: 2005 APR -6 AM 8:26

10117583

Od_or ___ ___
rt_dt ___ ___
od_rt ___ ___
up_ltr ___ ___

Reference No.

OWNER INFORMATION (Type or Print)

Name [redacted]

Street [redacted] Apt. No.

City Butler State Pa Zip Code [redacted] Daytime 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 [redacted] name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date ___/___/___

[redacted] INFORMATION

Vehicle Identification No. (VIN.) (17 Digits) (Located at bottom of windshield on driver's side)	Make	Model	Year
1GTCS14824[redacted]	GMC	Canyon	2004

Purchased Date: 7-22-04 ☑ New ☐ Used

Dealer's Name: Bartholas (See below →)

Dealer's City: Zelienople State Pa Zip Code

Engine Size (CID/CC/L): 2 No. Cylinders: 4 ☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection

Manufacture Date (on driver's door or pillar): 06 04

Transmission Type: ☐ Manual ☑ Automatic

Restraint System: ☑ Driverside Air Bag ☐ Motorbelt ☑ Passengerside Air Bag ☐ 2-Point Belt ☐ 3-Point Belt

Cruise Control: ☐ Yes ☑ No

Drivetrain: ☐ Front ☑ Rear ☐ 4-Wheel

Vehicle Type: ☐ Car ☐ Sport Utility ☐ Van ☑ Truck ☐ Minivan ☐ Motorcycle ☐ Other

Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☑ Pick Up Truck ☐ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s): ?

Location: ☐ Left ☐ Right ☐ Front ☐ Rear

Failed Part(s): ☐ Original ☐ Replacement

Handicap Adaptive Equip: ☐ Yes ☐ No

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand: Tire Name:

Complete Tire Size: DOT No.

No. of Failures: 100's

Date(s) of Failure(s):
Mileage at Failure(s):
Vehicle Speed at Failure(s): 60-65

Failed Part(s) Available? ☐ Yes ☐ No

NHTSA Previously Contacted? ☐ Yes ☐ No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Reported to Manufacturer
☐ Yes ☐ No	☐ Yes ☐ No			☐ Yes ☐ No

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

* I was never given a window sticker + after 8 mo still cannot get one. 1000 excuses but never got one.

This pickup whistles very loudly while driving. Doesn't sound like much but have almost had accidents while driving at night + all of a sudden I hear this whistle. Scares me. GMAC is aware of this but obviously doesn't have a high priority. Have left road many times. Please be aware if I have an accident I'll sue everyone!!! Continued on back.

Mail postage free or fax to 202-366-7882