



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
(1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

03-MAY-2005

Repository Reference No. 26
10119470

OWNER INFORMATION (Type or Print)

Name

Address

City FREEDOM

State NH

Zip Code

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 authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 5/1/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
2GTEK19V6X1Make
GENERAL MOTORSModel
PASSENGER VEHICLEModel Year
1989Date Purchased
01-APR-98Dealer's Name and Telephone Number
DIPRIZIO GMC TRUCKS INC.Engine:
No. Cylinders 8Fuel Type:
GasOriginal Owner
Dealer's City
MIDDLETONState
NHZip Code
03887Transmission Type
AUTOMATIC Antilock Brakes
 Cruise ControlPowertrain
4 WHEEL DRIVEVehicle Component Code
Q38100 SERVICE BRAKES, HYDRAULIC:ANTILOCK:CONTROL UNIT/M

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
14-SEP-2003Failure Mileage
84745

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/85R15)

DOT No. (Example: DOTM18ABC038)

 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

 Yes No

Fire

 Yes No

Number of Persons Injured

Number of Deaths

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).

CONTACT STATED: DEFECTIVE ABS SYSTEM. THE LIGHT CAME ON AND THE MOTOR(ABS MOTOR) CONTINUED TO RUN. *AK

*THIS WAS CHECKED WITH TECH II COMPUTER. HAS A BAD
EBCM - REPLACED EBCM AT A COST OF \$597.00 FOR PART
AND \$67.20 LABOR.*

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.