



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 100148

Date Received

13-MAY-2005

Repository ☐

Reference No.
10120857

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City BELLVIEW State OH 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 authorization, please print the name or address to the vehicle manufacturer.
Signature of Owner [REDACTED] Date 5/11/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GTHC24H935 [REDACTED] Make GMC Model SIERRA Model Year 2003

Date Purchased
01-MAY-03

Dealer's Name and Telephone Number
CASPER BUICK 419-625-8035

Engine:
No. Cylinders 8

Fuel Type:
Gas

Original Owner
☒

Dealer's City
SANDUSKY

State
OH

Zip Code
44870

Transmission Type
AUTOMATIC

☒ Antilock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
020000 SUSPENSION

Multiple Failure: 3

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-MAR-2005
Failure Mileage ~~1500~~ 49170
Failure Speed 30

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make [REDACTED] Tire Model (Name or Number) [REDACTED] Tire Size (Example P215/65R15)
DOT No. (Example: DOTM19ABC036) ☐ Original Equipment ☐ Prior Repair Failure Location:
Tire Component Code [REDACTED] Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name:
Seat Type: [REDACTED] Installation System:
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

APPLICABLE INCIDENT INFORMATION

(Please describe the incident, failure, crash, and injury.)

Crash ☐ Yes ☒ No Fat ☐ 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).

DT
CONSUMER STATED THE RIGHT FRONT WHEEL ON HIS VEHICLE GRABBED, AND PULLED THE VEHICLE TO THE RIGHT. THE SERVICE DEALER
STATED THERE WAS NOTHING WRONG WITH THE BRAKES. CONSUMER STATED THE ABS LIGHT DID NOT ILLUMINATE. THE VEHICLE IS STILL
UNDER WARRANTY. *JB

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.

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

① RIGHT FRONT WHEEL LOCKED WENT FROM LEFT LANE ACROSS
RIGHT LANE AND OFF ROAD BEFORE IT STOPPED

② NEXT SAME THING

③ TIME AT 25 WENT OFF ROAD BEFORE IT STOPPED

NO PAPER WORK WAS GIVEN - OUT OF 3 TIMES A W
SACD TO BE REPAIRED

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation



JAMES A GILLIAM
4815 PRAIRIE RD
BELLEVUE, OH 44811-9705

National Highway
Traffic Safety
Administration

400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-216
400 7th Street, SW
Washington, DC 20590



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and dial toll free at

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TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DOT AUTO SAFETY HOTLINE

QUESTIONNAIRE

**VEHICLE
OWNER'S**