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 | Repository ☐ |
|---|---|
| 2005 JUN 3 AM 3: | Reference No. 10121174 |

## OWNER INFORMATION (Type or Print)

| Name | | Daytime Telephone Number | E-mail Address |
|---|---|---|---|
| Address | | Evening Telephone Number | |
| City: SWARTZ CREEK | State: MI | Zip Code: | |

*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 ___/___/___

## VEHICLE INFORMATION

| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side | Make | Model | Model Year |
|---|---|---|---|
| 1GTEK19T41[illegible] | GMC | SIERRA | 2001 |

| Date Purchased | Dealer's Name and Telephone Number | | | Engine: | Fuel Type: |
|---|---|---|---|---|---|
| / 15-DEC-00 | SUPERIOR PONTIAC CADILAC | | | No: Cylinders 8 | Gas |
| Original Owner ☒ | Dealer's City: FLINT | State: MI | Zip Code: | | |

| Transmission Type | | Powertrain | Vehicle Component Code |
|---|---|---|---|
| AUTOMATIC | ☒ Antilock Brakes<br>☒ Cruise Control | 4 WHEEL DRIVE | 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK<br>Multiple Failure: 15 |

## FAILED COMPONENT(S)/PART(S) INFORMATION

| Incident Date(s) | Failure Mileage | Failure Speed | |
|---|---|---|---|
| 17-MAY-2004 | 395000 | 7 | |

## ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

| Tire Make | Tire Model (Name or Number) | Tire Size (Example P215/65R15) |
|---|---|---|
| DOT No. (Example: DOTMALBABC036) | ☐ 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 | Fire | Number of Persons Injured | Number of Deaths | Reported to Police |
|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | | | 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: THE CONSUMER HAD THE BRAKES FIXED AND THEN FOUND OUT ABOUT A CANADA RECALL. WHEN PREPARING TO STOP IT SOUNDED AS IF THE ABS KICKED IN AND WHEN THE CONSUMER APPLIED THE BRAKES I
T SHUTTERED, BUT THE VEHICLE WOULD NOT STOP. THE DEALER REPLACED AT THEIR OWN EXPENSE THE LEFT SENSOR AND WHEEL BEARING ABOUT A YEAR AGO AND NOW THEY HAVE FIXED THE RIGHT SIDE. THE CONSUMER HAD TO PAY FOR IT HIMSELF; $500.50. THE MANUFACTURER WILL NOT RETURN HIS CALL. *JB

I have old Part -

USE my Name

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