Form Approved: O.M.B. No. 2127-0008

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: 2005 JUN 27 AM 1:31 / 24-MAY-2005	Repository ☐
	Reference No: 10122025

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City ROSCOMMON State MI Zip Code [redacted]

Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of [redacted] NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 6/12/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GTCS14X7W[redacted]	GMC	SONOMA	1997

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
~~10-JUN-04~~ [illegible]	Don Nester Chevy	No: Cylinders 6	Gas

Original Owner	Dealer's City	State	Zip Code
☐	Roscommon	MI	48653

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	350000 EQUIPMENT
			Multiple Failure:

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-MAY-2005	97000		Also gas tank gage out — Dealer said normal wouldn't fix — I also know 3 other people with GMC that have the same problem

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: DOTMAL9ABC035)	☐ 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 HEADLIGHT BLINKERS ARE NOT FUNTIONING. THEY CALLED GM, AND THEY SAID IT WAS NOT A RECALL. THEY FELT THIS WAS A SAFETY ISSUE. *AK 4-ways work, bulbs are not blown, fuses are not blown — all other function on blinker are works. Went into dealer and asked about flicker switch — said there was none for blinker and didn't know where it was at.

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