

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire</p> <p>To Report Vehicle Safety Defects</p> <p>1-888-DASH-2-DOT (1-888-327-4236)</p> <p>INTERNET: www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 100148</p>	
		<p>Date Received 25-MAY-2005</p>		<p>Repository <input type="checkbox"/></p> <p>Reference No. 10122105</p>	
OWNER INFORMATION (Type or Print)					
Name		Address		Daytime Telephone Number	
City		State		Evening Telephone Number	
VERO BEACH		FL			
Zip Code		<p>Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? In the absence of an address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>5/7/2005</u></p>			
		<p><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>			
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side		Make		Model	
1GTCS195918		GMC		SONOMA	
Model Year		Date Purchased		Engine:	
2001		01-NOV-01		No: Cylinders <u>4</u>	
Dealer's Name and Telephone Number		Original Owner		Fuel Type:	
MURPHY GMC		<input checked="" type="checkbox"/>		Gas	
Dealer's City		State		Zip Code	
MELBOURNE		FL			
Transmission Type		Powertrain		Vehicle Component Code	
AUTOMATIC		REAR WHEEL DRIVE		034520 SERVICE BRAKES, HYDRAULIC: FOUNDATION COMPONENTS	
<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control				Multiple Failure: 1	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Incident Date(s)		Failure Mileage		Failure Speed	
01-MAR-2005		14000			
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: DOTM19ABC036)		<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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: CONTACT STATED THE MILEAGE ON VEHICLE WAS UNDER 14,000 MILES. THE BRAKES BEGAN MAKING A SCRAPING NOISE. THE SERVICE DEALER SAID THE FRONT BRAKES WERE HEAVILY CORRODED, THEY WERE REPLACED. *AK					
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.					

THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).