



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 JUL 22 7:25
22-JUL-2005

Repository

Reference No.
10129700

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CATAWBA State VA Zip Code [REDACTED]

Daytime Telephone Number [REDACTED]

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 7/22/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
16TFC24M1W2 [REDACTED] Make GMC Model SIERRA Model Year 1998
Date Purchased 02-MAR-88 Dealer's Name and Telephone Number HART MOTOR CO. Engine: No. Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City SALEM State VA Zip Code 24153
Transmission Type MANUAL Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 954100 EQUIPMENT:MECHANICAL:JACKS
Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 22-JUL-2005 Failure Mileage 150000 Failure Speed

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) Original Equipment Prior Repair Failure Location: _____
Tire Component Code _____ The 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 provide to the best of your knowledge.)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Deaths _____ Reported to Police _____

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 JACK FAILED DURING USE ON 7-22-2005. CONTACT HAD NO PROBLEMS WITH JACK PRIOR TO TODAY. DEALER SAID THEY APPRECIATED HIM CALLED THEM. AS HE BEGAN TO APPLY PRESSURE THE THREADS STRIPPED. HE HAS NOT TALKED TO THE MANUFACTURER. *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.