



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 (1-888-327-4238)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received

Repository

15-AUG-2005

Reference No.
10132894

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: CENTRAL POINT State: OR Zip Code: [REDACTED]

Daytime Telephone Number

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: / /

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKEK13T82 [REDACTED]
Make: GMC Model: YUKON Model Year: 2002
Date Purchased: 08-JUL-02 Dealer's Name and Telephone Number: DOLLAR GMX 541-770-9090 Engine: No. Cylinders: 8 Fuel Type: Gas
Original Owner: Dealer's City: MEDFORD State: OR Zip Code: 97501
Transmission Type: AUTOMATIC Antilock Brakes Cruise Control Powertrain: 4 WHEEL DRIVE Vehicle Component Code: 141000 AIR BAGS:FRONTAL Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s): 15-JUL-2005 Failure Mileage: 38000 Failure Speed: 45

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make: _____ Tire Model (Name or Number): _____ Tire Size (Example P215/85R16): _____
DOT No. (Example: DOTM19ABC036) 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(es).)

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

Narrative Description of Incident(s), Crash(es), and Injury(es).
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: WHILE DRIVING DOWN THE MAIN ROAD AT 45 MPH, THE CONSUMER TOOK EYES OFF THE ROAD AND WENT INTO THE GRAVEL, AND THEN INTO A DITCH. THEN, HIT A MAILBOX, AND WENT THROUGH THE PASSENGER SIDE WINDSHIELD. THE RIGHT WHEEL FELL OFF, AND THE FRONT BUMPER SMASHED INTO THE ENGINE, AND THE FRAME WAS BENT. UPON IMPACT, THE AIR BAGS DID NOT DEPLOY. THE VEHICLE WAS EQUIPPED WITH FRONT AND SIDE AIR BAGS. THE AIR BAG LIGHT WAS NOT ON AND NEVER HAD BEEN ON. THERE WERE NO PROBLEMS WITH VEHICLE BEFORE THIS INCIDENT. THERE WERE NO OTHER VEHICLES INVOLVED. THE VEHICLE HAS NEVER BEEN IN AN ACCIDENT THERE WERE NO RECALLS ON THE AIR BAGS. THE MANUFACTURER HAS NOT BEEN CONTACTED, BUT WILL BE CONTACTED TODAY. THERE A POLICE REPORT WAS TAKEN. THE CAR HIT MAIL BOX. *AK

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

The Privacy Act of 1974 (Public Law 93-502) 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.