



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 SEP 29**  
31-AUG-2005  
Repository   
Reference No.  
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**OWNER INFORMATION (Type or Print)**

Name: [REDACTED]  
Address: [REDACTED]  
City: SHEPHERDSTVILLE State: KY Zip Code: [REDACTED]  
Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]  
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  
In the absence of an explicit name or address to the vehicle manufacturer.  YES  NO  
Signature of Owner: [REDACTED] Date: 08/18/05

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKEC [REDACTED]  
Make: GMC Model: YUKON Model Year: 2001  
Date Purchased: [REDACTED] Dealer's Name and Telephone Number: [REDACTED] Engine: No: Cylinders: 8 Fuel Type: Gas  
Original Owner:  Dealer's City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Transmission Type: AUTOMATIC  Antilock Brakes  Cruise Control  
Powertrain: ALL WHEEL DRIVE  
Vehicle Component Code: 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK  
Multiple Failure: 1

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

Incident Date(s): 28-JUL-2005 Failure Mileage: 72000 Failure Speed: [REDACTED]

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

Tire Make: [REDACTED] Tire Model (Name or Number): [REDACTED] Tire Size (Example P215/65R15): [REDACTED]  
DOT No. (Example: DOTN1ALBABC036): [REDACTED]  Original Equipment  Prior Repair Failure Location: [REDACTED]  
Tire Component Code: [REDACTED] Tire Failure Type: [REDACTED]

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: [REDACTED] Date Manufactured: [REDACTED] Model No./Name: [REDACTED]  
Seat Type: [REDACTED] Installation System: [REDACTED]  
Child Seat Component Code: [REDACTED] Failed Part: [REDACTED]

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No  
Number of Persons Injured: [REDACTED] Number of Deaths: [REDACTED] 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: WHILE DRIVING ON THE INTERSTATE THE OWNER SAW THE ABS LIGHT COME ON AND DIDNT KNOW WHAT IT WAS. THIS OCCURRED IN JULY 2005. THE OWNER RETURNED HOME FROM A TRIP. THE OWNER HEARD A NOISE AND THOUGHT IT WAS A REFRIGERATOR IN THE GARAGE. THE NOISE CONTINUED ALL NIGHT. THEN THE OWNER TOOK THE VEHICLE TO MECHANIC, AND UPON INSPECTION, HE NOTED ABS MOTOR KEPT RUNNING AND HAD TO BE REPLACED. THE MECHANIC UNHOOKED THE ABS MOTOR. THE NOISE QUIT, BUT THE ABS LIGHT WAS STILL ON. THE OWNER KNEW ABOUT THE ABS UNIT MODULE RECALL, AND WONDERED IF THIS IT RELATED TO THE MOTOR HAVING TO BE REPLACED. SHE DID NOT HAVE PROBLEMS WITH THE ABS ACTIVATING. THIS RECALL [REDACTED] THIS VEHICLE WAS NOT INCLUDED IN THE RECALL, ACCORDING TO HER DEALERSHIP. \*AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoices. 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.