



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 OCT -6 AM 5:56
12-SEP-2005
Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City CICERO State NY 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? 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
2GTEK19R6V1 [REDACTED] Make GMC Model SIERRA Model Year 1997
Date Purchased MAY 01 06T-97 Dealer's Name and Telephone Number O'CONNOR GMC Engine: No: Cylinders 8 Fuel Type: Gas
Original Owner Dealer's City -AGUSTA AUGUSTA State ME Zip Code [REDACTED]
Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain 4 WHEEL DRIVE Vehicle Component Code 036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
Multiple Failure: 5

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 01-JAN-2001 Failure Mileage [REDACTED] 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: DOTM19ABC036) 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: THE CONTACT OWNS A 1997 GMC SIERRA K1500 PICKUP. THE CONTACT'S VEHICLE WAS EXPERIENCING THE SAME TYPE OF PROBLEM WITH T ABS BRAKES AS STATED IN NHTSA RECALL CAMPAIGN 05V379000. THE CONTACT STATED THAT SHE REPLACED THE WHEEL SPEED SENSOR AS WELL AS THE WHEEL BEARING SEVERAL TIMES, BOTH WHERE REPLACED IN LESS THAN A YEAR EACH TIME. THE GM MANUFACTURER WAS CONTACTED ,AND THEY SAID THAT THE CONTACT'S VEHICLE WAS NOT COVERED UNDER THE RECALL AT THIS TIME ,AND I SHE WOULD BE RECEIVING A RECALL LETTER. THE CONTACT DID NOT KNOW OTHER PEOPLE WHO EXPERIENCED THIS PROBLEM AS WELL. THE CONTACT STATED HAS BEEN HAVING THE ABS BRAKES FOR ABOUT FOUR YEARS. THE ABS HAS BEEN REPLACED FIVE TIMES. SOME OF THESE REPLACEMENTS HAVE BEEN DONE UNDER WARRANTY BECAUSE THEY WERE WITHIN A YEAR FROM THE LAST REPLACEMENT.
*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 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.