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

2006 FEB 27 PM 4:27

FOR AGENCY USE ONLY 10014B	
Date Received 27-JAN-2006	Repository ☐
	Reference No. 10148816

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	Evening Telephone Number	
City AVON	State OH	Zip Code [redacted]	

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☑ Yes ☐ No
In the absence of a response, NHTSA will not disclose your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/12/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GKEK13R1X[redacted]	GMC	YUKON	1999

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-MAY-00	CHUCK NICHOLSON			No. Cylinders 8	Gas
Original Owner ☐	Dealer's City MILLERSBURG	State OH	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
27-JAN-2006	70000	7	

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: DOTMALSABC036)	☐ 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 incident that the following: Fatal(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 STATED THE ABS ENGAGES AT SPEEDS OF 7MPH AND BELOW. THE STOPPING DISTANCE WAS INCREASED AS A RESULT. THERE IS A NHTSA RECALL, # 05V379000, REGARDING THE ABS SYSTEM. THE VEHICLE HAS THE SAME PROBLEMS AS INDICATED IN THE RECALL; HOWEVER IT IS NOT INCLUDED IN THE RECALL DUE TO THE VIN. THE VEHICLE WAS NOT TAKEN TO A LOCAL DEALERSHIP FOR REPAIRS.

COMPLAINT FILED W/ CHEVY CUSTOMER SERVICE 1/16/06
FILE # [redacted]

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