



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

2006 FEB 21 AM
31-JAN-2006

Repository ☐

Reference No.
10148135

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City NEW MARKET State AL 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?
In the absence of an authorized signature, I NOT provide your name or address to the vehicle manufacturer. ☒ YES ☐ NO
Signature of Owner [REDACTED] Date 2/4/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side
1GTJC331 [REDACTED] Make GMC Model SIERRA Model Year 2003
Date Purchased 01-JUN-03 Dealer's Name and Telephone Number SCOTT RHODES GMC UNKNOWN Engine: No: Cylinders 6 Fuel Type: Diesel
Original Owner ☒ Dealer's City UNKNOWN State NC Zip Code [REDACTED]
Transmission Type ☒ Antilock Brakes Powertrain REAR WHEEL DRIVE Vehicle Component Code 160000 VEHICLE SPEED CONTROL
AUTOMATIC ☒ Cruise Control Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 31-JAN-2006 Failure Mileage 82284 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: DOTM18ABC036) ☐ 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), and injury(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured [REDACTED] Number of Deaths [REDACTED] Reported to Police [REDACTED]

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 SPEEDOMETER INSTRUMENT PANEL STOPPED WORKING WITHOUT PRIOR WARNING. THE DEALER SUGGESTED REPLACING THE SPEEDOMETER INSTRUMENT CLUSTER PANEL. ALTHOUGH THE VEHICLE WAS SEEN BY A DEALER, NO REPAIRS WERE MADE.

I INFORMED GMC OF THE FAILURE AND A FILE NUMBER WAS ESTABLISHED. THE FILE NUMBER IS 1-390 446 445 DATE 1/31/06
GMC REFUSES TO COMPENSATE FOR THE REPAIR QUOTING WARRANTY EXPIRATION. IN MY OPINION A SPEEDOMETER FAILURE SHOULD BE FIXED REGARDLESS OF MILEAGE. SAFETY ISSUE

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.