



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 27 PM 4:26
03-FEB-2006

Repository ☐

Reference No.
10149387

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City WETUMPKA State AL Zip Code [REDACTED]

Daytime Telephone Number

[REDACTED]

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 1/1

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 2GTEC19T411 [REDACTED] Make GMC Model SIERRA Model Year 2001

Date Purchased
01-AUG-05

Dealer's Name and Telephone Number

Engine:
No. Cylinders 6

Fuel Type:
Gas

Original Owner
☐

Dealer's City

State

Zip Code

Transmission Type
AUTOMATIC

☒ Anti-lock Brakes
☒ Cruise Control

Powertrain
REAR WHEEL DRIVE

Vehicle Component Code
050000 PARKING BRAKE

Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)
27-JAN-2006

Failure Mileage
55000

Failure Speed

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make _____ Tire Model (Name or Number) _____ Tire Size (Example P215/55R15) _____
DOT No. (Example: DOTM18ABC036) ☐ 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(ies).)

Crash ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured _____ Number of Deaths _____ 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 STATED WHILE THE VEHICLE'S PARKING BRAKE WAS ENGAGED AND UNLOADING A BOAT FROM A TRAILER, THE PARKING BRAKE DISENGAGED AND THE VEHICLE ROLLED BACK. AFTERWARDS THE CONTACT INITIALLY INSPECTED THE VEHICLE, IT WAS DISCOVERED THE PARKING BRAKE WAS NOT ENGAGING PROPERLY. THERE WERE NO PREVIOUS PROBLEMS WITH THE PARKING BRAKE. AN AUTHORIZED DEALER WAS CONTACTED REGARDING THE ISSUE. THE DEALER DETERMINED THE BRAKE SHOES OF THE PARKING BRAKE NEEDED TO BE REPLACED. ALTHOUGH THE PROBLEM PERSISTED, NO REPAIRS WERE MADE.

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.