



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

20-MAR-2008

Repository

Reference No.
10153170

OWNER INFORMATION (Type or Print)

Name _____
Address _____
City INDEPENDENCE State LA Zip Code _____

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? YES NO
(In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.)

Signature of Owner _____ Date 3/1/08

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 3GKEC18T _____		Make GMC	Model YUKON	Model Year 2001
Date Purchased 8-14-00	Dealer's Name and Telephone Number DURHAM AUTOPLEX		Engine: No. of Cylinders 8	Fuel Type: Gas
Original Owner <input checked="" type="checkbox"/>	Dealer's City HAMMOND	State LA	Zip Code 70403	
Transmission Type AUTOMATIC	<input checked="" type="checkbox"/> Antilock Brakes <input checked="" type="checkbox"/> Cruise Control	Powertrain REAR WHEEL DRIVE	Vehicle Component Code 012000 STEERING: COLUMN	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 19-MAR-2008	Failure Mileage 82000	Failure Speed	
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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: DOTM18ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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(es).)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Deaths	Reported to Police N
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Narrative Description of Incident(s), Crash(es), and Injury(es).
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 TURNING SHARPLY, AT LOW SPEEDS, THE STEERING WHEEL MADE A POPPING NOISE. THE DEALER RECOMMENDED GREASING THE STEERING COLUMN, BUT INFORMED THE CONTACT THIS WOULD NOT CORRECT THE PROBLEM PERMANENTLY. THEREFORE, THE DEALER WAS UNABLE TO OFFER ANY PERMANENT REMEDY.

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.