



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
 31-AUG-2006

Repository
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OWNER INFORMATION (Type or Print)

Name [REDACTED]
 Address [REDACTED]
 City DADEVILLE State AL 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: 1G7CS19W4Y8 [REDACTED]
 Make GMC Model SONOMA Model Year 2000
 Date Purchased 01-DEC-99 Dealer's Name and Telephone Number CHRIS MEYERS GMC NISSAN UNKNOWN Engine: No: Cylinders 6 Fuel Type: Gas
 Original Owner Dealer's City DAPHNE State AL Zip Code [REDACTED]
 Transmission Type AUTOMATIC Antilock Brakes Cruise Control Powertrain REAR WHEEL DRIVE Vehicle Component Code 198000 TIRES:TEMPORARY/EMERGENCY SPARE TIRE
 Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s) 26-AUG-2006 Failure Mileage 175500 Failure Speed 30

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: DOTM19ABC036) 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 DRIVING 30MPH ON A COUNTRY ROAD WITH A BOAT TRAILER IN TOW, THE SPARE TIRE MOUNTING CABLE FRACTURED WHICH ALLOWED THE SPARE TIRE ASSEMBLY TO FALL FROM UNDER THE VEHICLE AND ROLL INTO THE TRAILER WITHOUT WARNING. THE VEHICLE WAS PULLED OVER WITHOUT INCIDENT. THE SPARE TIRE DEBRIS WAS COLLECTED AND TAKEN TO THE DEALER FOR FURTHER INSPECTION. THE SPARE TIRE MOUNTING WAS EXTREMELY CORRODED, BUT DID NOT HAVE A HISTORY OF EXPOSURE TO HARSH WINTER WEATHER OR ROAD SALTS. THE DEALER DETERMINED THE CORROSION CAUSED THE FAILURE AND A NEW MOUNTING CABLE WAS NEEDED. THE MANUFACTURER WAS ALERTED.

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.