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

2007 NOV 26 PM 1:37

FOR AGENCY USE ONLY 100148

Date Received	Repository
01-NOV-2007	☐
Reference No. 10207648	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City CALVERT	State AL	Zip Code [redacted]	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 a[redacted]r name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 11/15/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GKES16S836[redacted]	GMC	ENVOY XL	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
23-SEP-03	McConnell Automotive 251-476 4444			No: Cylinders 6	Gas
Original Owner ☒	Dealer's City Mobile	State AL	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain UNKNOWN	010000 STEERING Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
23-JUL-2007	93829	0

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: DOTMAL9ABC036)	☐ 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	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	0	0	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).

TL*THE CONTACT OWNS A 2003 GMC ENVOY XL. OCCASIONALLY, WHEN THE VEHICLE WAS STARTED, THE POWER STEERING WOULD MAKE A SQUEALING NOISE. PRESENTLY, THE SQUEALING NOISE OCCURS EACH MORNING WHEN THE VEHICLE IS FIRST STARTED. THE DEALER WAS UNABLE TO DUPLICATE THE FAILURE. THE POWERTRAIN WAS UNKNOWN. THE CURRENT MILEAGE WAS 101,163 AND FAILURE MILEAGE WAS 93,829.

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