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 DEC 31 AM 11:26

FOR AGENCY USE ONLY 100148

Date Received	Repository
10-DEC-2007	☐
Reference No. 10211369	

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City: OSSIPEE	State: NH	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 authorization, NHTSA will not [illegible] name or address to the vehicle manufacturer.

Signature of Owner [redacted] Date 12/15/07

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GTEK14X83Z[redacted]	GMC	SIERRA 1500	~~2002~~ 2003

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
07-APR-03	O' CONNER	No: Cylinders 6	Gas
Original Owner ☒	Dealer's City: AUGUSTA MAINE	State	Zip Code

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☐ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 35

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
10-NOV-2007	50000	0	ABS SENSORS

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 2002 GMC SIERRA 1500. WHILE APPLYING PRESSURE TO THE BRAKE PEDAL TO STOP THE VEHICLE, THE ABS ENGAGED AUTOMATICALLY. THIS CAUSED THE VEHICLE TO JERK DRAMATICALLY INSTEAD OF STOPPING. THE DEALER STATED THAT HIS VEHICLE WAS NOT INCLUDED IN NHTSA CAMPAIGN ID NUMBER 05V379000 (SERVICE BRAKES, HYDRAULIC:ANTI LOCK). THE VEHICLE HAS NOT BEEN REPAIRED. HE FILED A FORMAL COMPLAINT WITH THE MANUFACTURER. THE CURRENT MILEAGE WAS 53,000 AND FAILURE MILEAGE WAS 50,000.

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 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.