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

2008 MAR 25 PM 1:59

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
27-FEB-2008	Reference No. 10219322

OWNER INFORMATION (Type or Print)

Name	[redacted]		
Address	[redacted]	Daytime Telephone Number [redacted]	E-mail Address
City VEVAY	State IN	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 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	Make	Model	Model Year
1GTEK14V63[redacted]	GMC	SIERRA 1500	2003

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
	CRAIG PONTIAC GMC 812-273-3135			No: Cylinders 8	Gas
Original Owner ☒	Dealer's City MADISON	State ~~IL~~ IN	Zip Code 47250		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	117000 DIGITAL INSTRUMENT PANEL Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
22-JAN-2008	64999	ALL	INSTRUMENT CLUSTER

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 SIERRA 1500. ON SEPTEMBER 27, 2005, THE SPEEDOMETER BEGAN DISPLAYING INACCURATE READINGS. THE SPEEDOMETER SPORADICALLY FAILED FOR THE NEXT COUPLE OF YEARS. ON OCTOBER 5, 2007, THE SPEEDOMETER DISPLAYED AN INACCURATE SPEED OF 125 MPH. THE CONTACT RECEIVED A NOTICE REGARDING A VOLUNTARY RECALL FOR THE SPEEDOMETER. ONLY VEHICLES LESS THAN SIX YEARS OLD OR WITH FEWER THAN 70,000 MILES WOULD RECEIVE A FREE REMEDY. THE CONTACT'S MILEAGE WAS 115,000; THEREFORE, HE WAS INELIGIBLE FOR THE FREE REMEDY. NO REPAIRS WERE MADE. THE CONTACT FILED A COMPLAINT WITH THE MANUFACTURER. THE PURCHASE DATE, RECALL NUMBER, AND SPEED WERE UNKNOWN. THE FAILURE MILEAGE WAS 64,999 AND CURRENT MILEAGE WAS 115,000.

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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I AM INCLUDING A COPY OF THE DEALERS REPAIR BILL THE NUMBER ON THE BACK OF THE INSTRUMENT CLUSTER ARE 60DSXR F03011GBTR AND 6031386 - 0935 PSXR, THE CLUSTER WAS A RECALL BY THE VINDOR NOT GM.

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation
...way
Administration
1200 New Jersey Avenue SE.
...gton, D.C. 20077-9382

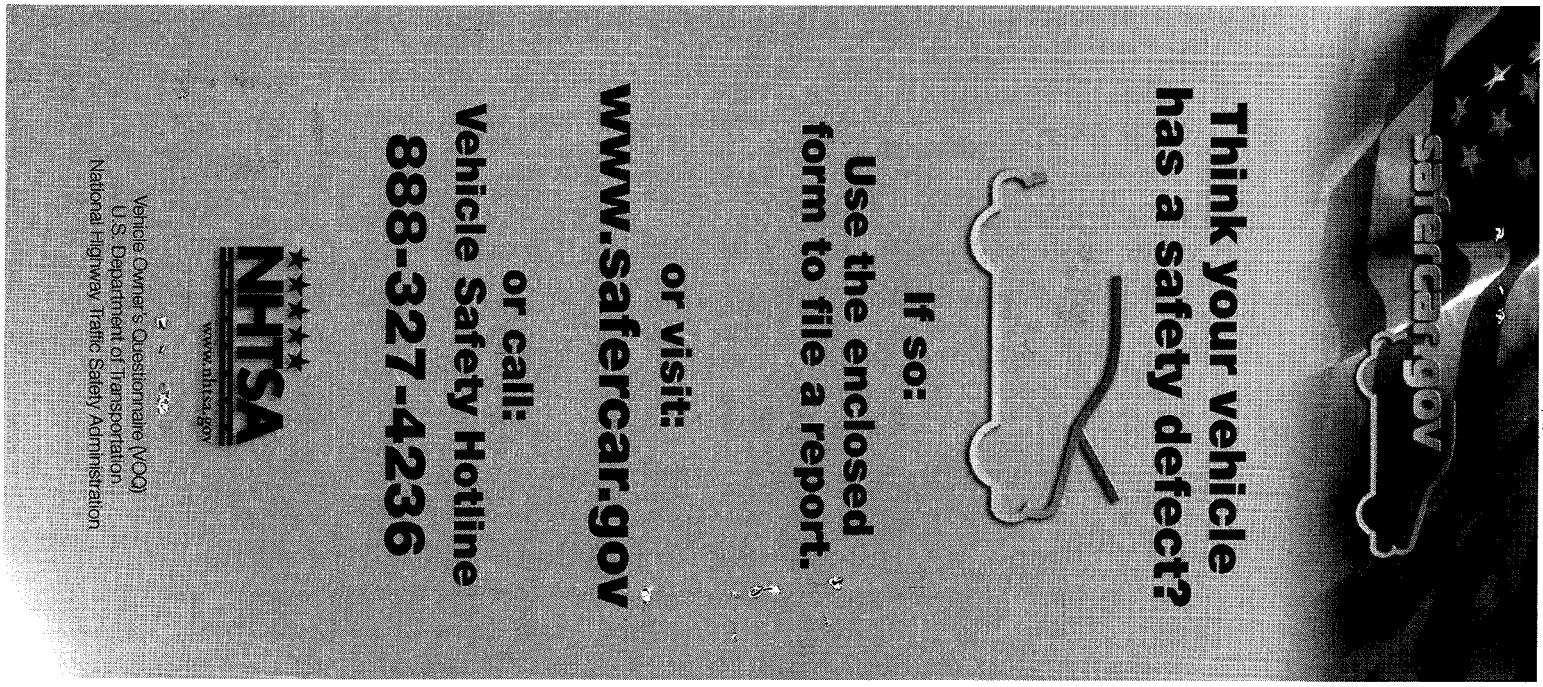
...al Business
Penalty for Private Use $300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1888 WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
1200 New Jersey Ave SE
Washington, DC 20077-9382



CRAIG BUICK, PONT. GMC & TOYOTA

258 CLIFTY DR.
MADISON, IN. 47250
(812)-273-3135 1-888-273-3135
www.craigauto.com

70423TAY

[redacted]
VEVAY IN [redacted]

VEHICLE IDENTIFICATION	MILEAGE OUT	DATE OUT	INVOICE NO.
1GTEK14V63[redacted]	121228	03/07/08	70423 PART-CLOSE

YEAR	MAKE	MODEL	COLOR	TAG NO.
03	GMC	SIERRA	WHITE	00000

CUST NO.	LICENSE	HOME PHONE	WORK PHONE	STOCK NO.	PROD. DATE	SERV. ADV.	TERMS
		[redacted]	- -	3G202	00/00/00	431 2531	CASH

CUST LABOR RATE	DELIV DATE	DELIV MILES	MILEAGE IN	DATE IN	IN-SERV DATE
	05/27/03	315	121228	03/03/08	00/00/00

CUSTOMER SATISFACTION IS OUR #1 GOAL
OUR SERVICE STAFF THANKS YOU FOR YOUR BUSINESS

SERVICE HOURS M-F 7:30AM - 5:00PM
SAT 8:00AM - NOON

LINE	OP CODE	FAIL-CD	TECH.	HOURS/QTY	TYPE	AMOUNT
A	CUSTOMER STATES THE SPEEDO WAS IS STICKING AT DIFFERENT SPEEDS					
	PLEASE INSPECT					
	CLUSTER IS SHORTED AND STICKING					
	REPLACE DASH CLUSTER					
	W	95	A02 4050			
	X	15182146 CLUSTER		1	W	
	SUBLET	GM CLUSTER	CLUSTER	1	W	
			Line Total.....			
B	CUSTOMER PAY 1 HALF OF $409.84					
	CUSTOMER TO PAY $204.92					
			A02 4050			
	SUBLET	GM CLUSTER	CLUSTER	1	C	204.92
			Line Total.....			204.92

Sublets	204.92
TOTAL-AMOUNT	204.92

Paid check 3/7/08

CUSTOMER COPY - PAGE 01

STATEMENT OF DISCLAIMER

The factory warranty constitutes all of the warranties with respect to the sale of this item/items. The Seller hereby expressly disclaims all warranties either express or implied, including any implied warranty of merchantability or fitness for a particular purpose. Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item/items.

[redacted]

CUSTOMER SIGNATURE

On behalf of servicing dealer, I hereby certify that the information contained hereon is accurate unless otherwise shown. Warranty services described were performed at no charge to owner. There was no indication from the appearance of the vehicle or otherwise, that any part repaired or replaced under this claim had been connected in any way with any accident, negligence or misuse. Records supporting this claim are available for (1) year from the date of payment notification at the servicing dealer for inspection by manufacturer's representative.

(SIGNED) DEALER, GENERAL MANAGER OR AUTHORIZED PERSON (DATE)