

 U.S. Department of Transportation National Highway Traffic Safety Administration	<b>DOT Auto Safety Hotline</b> <b>Vehicle Owner's Questionnaire</b> <b>To Report Vehicle Safety Defects</b> 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148 Date Received 30-JUN-2008 Repository <input type="checkbox"/> Reference No. 10232768	
	Name _____ Address _____ City BOISE State ID Zip Code _____		Daytime Telephone Number _____ Evening Telephone Number _____ E-mail Address _____	
Do you authorize NHTSA to report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of a signature, NHTSA will provide your name or address to the vehicle manufacturer. Signature of Owner _____ Date 7/17/08				
<b>VEHICLE INFORMATION</b>				
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GTHG35R8V _____		Make GMC	Model SAVANA 3500	Model Year 1997
Date Purchased	Dealer's Name and Telephone Number		Engine: No: Cylinders	Fuel Type:
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type <input type="checkbox"/>	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 141000 AIR BAGS:FRONTAL Multiple Failure:	
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>				
Incident Date(s) 30-JUN-2008	Failure Mileage 145000	Failure Speed 35		
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>				
Tire-Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)	
DOT No. (Example: DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location:		
Tire Component Code			Tire Failure Type	
<b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>				
Make:	Date Manufactured:	Model No./Name:		
Seat Type:	Installation System:			
Child Seat Component Code:	Failed Part:			
<b>APPLICABLE INCIDENT INFORMATION</b> (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)				
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police N
<b>Narrative Description of Incident(S), Crash(es), and Injury(ies).</b> 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 1997 GMC SAVANA 3500. WHILE DRIVING APPROXIMATELY 35 MPH, THE PASSENGER SIDE FRONT AIR BAG DEPLOYED WITHOUT WARNING. THERE WERE NO INJURIES. THE AUTHORIZED DEALER WAS NOTIFIED OF THE FRONTAL AIR BAG DEPLOYMENT AND STATED THAT THEY NEEDED TO BE REPLACED. THE VEHICLE HAS NOT BEEN REPAIRED. THE CONTACT WAS VERY CONCERNED OF THE SAFETY RISK INVOLVED WITH THE AIR BAGS DEPLOYING WITHOUT A CRASH OCCURRING. THE FAILURE AND CURRENT MILEAGES WERE 145,000.				
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.				