U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 JAN 26 AM 10:51

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	Repository ☐
02-JAN-2009	Reference No. 10253586

OWNER INFORMATION (Type or Print)

Name			Daytime Telephone Number	E-mail Address
Address				
City GRANDVILLE	State MI	Zip Code	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
1GKEK13R9X	GMC	YUKON	1999

Date Purchased	Dealer's Name and Telephone Number			Engine: 5.7L No: Cylinders	Fuel Type:
1-2000				8	Gas
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain		31-DEC-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 031100 SERVICE BRAKES, ELECTRIC; 030000 SERVICE BRAKES, HYDRAULIC	Failure Mileage	Failure Speed
	141,000	2 mph

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 1999 GMC YUKON. WHILE MAKING A LEFT TURN AT LOW SPEEDS, THE VEHICLE WAS EXPERIENCING BRAKING ISSUES. THE ABS ACTIVATED AND WOULD NOT RESPOND TO THE BRAKING PRESSURE. THE VEHICLE CONTINUED TO ROLL DESPITE HIS EFFORTS TO UTILIZE THE BRAKES. HE ALSO HEARD A LOUD CHATTERING NOISE COMING FROM THE VEHICLE WHEN DEPRESSING THE BRAKE PEDAL. THE VEHICLE CONTINUED ROLLING INTO TRAFFIC, BUT THE CONTACT WAS ABLE TO PREVENT IT FROM CRASHING. THE MILEAGES AND VIN WERE UNKNOWN.

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