



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

FOR AGENCY USE ONLY 100148

Date Received 19-FEB-2009	Repository <input type="checkbox"/>
	Reference No. 10259341

2009 MAR 11 PM 12:36

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Address: [REDACTED]
City: FRANKSFURT State: IL Zip Code: [REDACTED]

Daytime Telephone Number: [REDACTED] E-mail Address: [REDACTED]
Evening Telephone Number: [REDACTED]

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of a signature, please provide your name or address to the vehicle manufacturer.
Signature of Owner: [REDACTED] Date: 2/23/2009

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 1GKEK13ZX2R [REDACTED]
Make: GMC Model: YUKON Model Year: 2002
Date Purchased: 9-28-2001 Dealer's Name and Telephone Number: Annie Bauer GMC (708) 720-2000
Original Owner: Dealer's City: Matteson IL 60443 State: IL Zip Code: 60443
Engine: 8 No: Cylinders: 8 Fuel Type: Gas
Transmission Type: Auto Antilock Brakes Cruise Control Powertrain: 4x4 Multiple Failure: Incident Date(s): 01-NOV-2008

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC Failure Mileage: 79000 Failure Speed: 15

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: DOTM9ABC036) 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 <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
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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 YUKON. WHILE DRIVING 25 MPH, THE ABS ACTIVATES AND PREVENTS THE VEHICLE FROM COMING TO A COMPLETE STOP WHEN NEEDED. THE VEHICLE WAS NOT TAKEN TO THE DEALER, BUT THE CONTACT CALLED THEM AND WAS INFORMED THAT THEY WERE NOT RESPONSIBLE FOR THE DEFECT. HE HAS DONE MUCH RESEARCH AND FOUND SEVERAL RECALLS WITH THE SAME FAILURE AS HIS VEHICLE. THE VEHICLE HAS NOT YET BEEN REPAIRED. THE FAILURE MILEAGE WAS 79,000 AND CURRENT MILEAGE WAS 80,000.

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 to 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.