

|  <b>U.S. Department of Transportation</b><br><b>National Highway Traffic Safety Administration</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire</b><br><b>To Report Vehicle Safety Defects</b><br><b>1-888-DASH-2-DOT</b><br><b>(1-888-327-4236)</b><br><b>INTERNET: www.nhtsa.dot.gov/hotline</b> |  | <b>FOR AGENCY USE ONLY 100148</b><br><b>Date Received</b><br><b>AUG 27 2010</b><br><b>08-JUL-2010</b> |                                       | <b>Repository</b> <input type="checkbox"/><br><b>Reference No.</b><br><b>10342035</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------|--|
| <b>OWNER INFORMATION (Type or Print)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| <b>Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                       |  | <b>Daytime Telephone Number</b>                                                                       |                                       | <b>E-mail Address</b>                                                                 |  |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| <b>City</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>State</b>                                                                                                                                                                                                          |  | <b>Zip Code</b>                                                                                       |                                       | <b>Evening Telephone Number</b>                                                       |  |
| GREENSBURG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | PA                                                                                                                                                                                                                    |  |                                                                                                       |                                       | SAME                                                                                  |  |
| <i>The information you provide will be used to identify potential safety-related defects. We may share your information with the applicable vehicle manufacturer during an investigation or recall in accordance with the routine uses described in the agency's Privacy Act notice. See 49 FR 53971 (Sep. 3, 2004).</i>                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| 17 digit Vehicle Identification Number Located at bottom of windshield on driver's side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                       |  | <b>Make</b>                                                                                           |                                       | <b>Model</b>                                                                          |  |
| 1GTEK14V0X8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                       |  | GMC                                                                                                   |                                       | SIERRA 1500                                                                           |  |
| <b>Date Purchased</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Dealer's Name and Telephone Number</b>                                                                                                                                                                             |  |                                                                                                       |                                       | <b>Engine:</b>                                                                        |  |
| 30 APR 07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | HILLVIEW MOTORS INC. 724-834-8440                                                                                                                                                                                     |  |                                                                                                       |                                       | No: Cylinders 8                                                                       |  |
| <b>Original Owner</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>Dealer's City</b>                                                                                                                                                                                                  |  | <b>State</b>                                                                                          |                                       | <b>Fuel Type:</b>                                                                     |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | GREENSBURG                                                                                                                                                                                                            |  | PA                                                                                                    |                                       | GAS                                                                                   |  |
| <b>Transmission Type</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <input checked="" type="checkbox"/> Antilock Brakes                                                                                                                                                                   |  | <b>Powertrain</b>                                                                                     |                                       | <b>Multiple Failure:</b>                                                              |  |
| AUTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <input checked="" type="checkbox"/> Cruise Control                                                                                                                                                                    |  | 4WD                                                                                                   |                                       | No                                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  | <b>Incident Date(s)</b>                                                                               |                                       | 29-JUL-2008                                                                           |  |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| Vehicle Component Code: 030000 SERVICE BRAKES, HYDRAULIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       | <b>Failure Mileage</b>                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       | 79686                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       | <b>Failure Speed</b>                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       | 45                                                                                    |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| <b>Tire Make</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Tire Model (Name or Number)</b>                                                                                                                                                                                    |  |                                                                                                       | <b>Tire Size (Example P215/65R15)</b> |                                                                                       |  |
| DOT No. (Example: DOTM9ABC036)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Original Equipment                                                                                                                                                                           |  | <b>Failure Location:</b>                                                                              |                                       |                                                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <input type="checkbox"/> Prior Repair                                                                                                                                                                                 |  |                                                                                                       |                                       |                                                                                       |  |
| <b>Tire Component Code</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                       |  |                                                                                                       | <b>Tire Failure Type:</b>             |                                                                                       |  |
| <b>ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| <b>Make:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Date Manufactured:</b>                                                                                                                                                                                             |  | <b>Model No./Name:</b>                                                                                |                                       |                                                                                       |  |
| Seat Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Installation System:                                                                                                                                                                                                  |  |                                                                                                       |                                       |                                                                                       |  |
| Child Seat Component Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Failed Part:                                                                                                                                                                                                          |  |                                                                                                       |                                       |                                                                                       |  |
| <b>APPLICABLE INCIDENT INFORMATION</b><br><i>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| <b>Crash</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>Fire</b>                                                                                                                                                                                                           |  | <b>Number of Persons Injured</b>                                                                      |                                       | <b>Number of Deaths</b>                                                               |  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                   |  | 0                                                                                                     |                                       | 0                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                       |  | <b>Reported to Police</b>                                                                             |                                       | N                                                                                     |  |
| <b>Narrative Description of Incident(s), Crash(es), and Injury(ies).</b><br><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).</b>                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| TL*THE CONTACT OWNS A 1999 GMC SIERRA 1500. WHILE DRIVING APPROXIMATELY 45 MPH THE CONTACT APPLIED THE BRAKES AND THE LEFT FRONT AND RIGHT REAR WHEEL EXPLODED. HE STATED THAT THE BRAKE PEDAL EXTENDED TO THE FLOOR. HE CAREFULLY DROVE THE VEHICLE TO HIS RESIDENCE. THE VEHICLE WAS TOWED TO THE MECHANIC WHERE IT WAS PURCHASED. THE MECHANIC REPLACED THE FRONT CALIPERS AND BOTH LINES TO THE MASTER CYLINDER WITHIN THE ABS UNIT. THE FAILURE MILEAGE WAS 79,686 AND THE CURRENT MILEAGE WAS 80,058.                                                                         |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |
| 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. |  |                                                                                                                                                                                                                       |  |                                                                                                       |                                       |                                                                                       |  |

