

 U.S. Department of Transportation National Highway Traffic Safety Administration		INFORMATION ACT (FOIA), 5 U.S.C. 552(B)(6) 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 11-AUG-2014		Repository ☐ Reference No. 10621500			
OWNER INFORMATION (Type or Print)					
Name [REDACTED]		Daytime Telephone Number [REDACTED]		E-mail Address NOEMAIL@UNK.GOV	
Address [REDACTED]		Evening Telephone Number [REDACTED]			
City GREENVILLE	State ME	Zip Code [REDACTED]			
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).					
VEHICLE INFORMATION					
17 digit Vehicle Identification Number Located at bottom of windshield on driver's side 1GTD19X5V8 [REDACTED]		Make GMC	Model SONOMA	Model Year 1997	
Date Purchased 6-15-09	Dealer's Name and Telephone Number DAVE'S AUTOMOTIVE SERVICE INC		Engine: No: Cylinders 6	Fuel Type: Gas.	
Original Owner ☐	Dealer's City GREENVILLE	State ME	Zip Code 04441		
Transmission Type AUTO	☐ Antilock Brakes ☒ Cruise Control	Powertrain [REDACTED]	Multiple Failure: [REDACTED]	Incident Date(s) 31-JUL-2014	
FAILED COMPONENT(S)/PART(S) INFORMATION					
Vehicle Component Codes: 110000 ELECTRICAL SYSTEM, 116100 ELECTRICAL SYSTEM: IGNITION: SWITCH				Failure Mileage 73000	Failure Speed 25
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE					
Tire Make [REDACTED]	Tire Model (Name or Number) [REDACTED]		Tire Size (Example P215/65R15) [REDACTED]		
DOT No. (Example: DOTM9ABC036) [REDACTED]	☐ Original Equipment ☐ Prior Repair	Failure Location: [REDACTED]			
Tire Component Code [REDACTED]			Tire Failure Type: [REDACTED]		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE					
Make: [REDACTED]	Date Manufactured: [REDACTED]		Model No./Name: [REDACTED]		
Seat Type: [REDACTED]		Installation System: [REDACTED]			
Child Seat Component Code: [REDACTED]		Failed Part: [REDACTED]			
APPLICABLE INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)					
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured 0	Number of Deaths 0	Reported to Police 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 1997 GMC SONOMA. WHILE DRIVING 25 MPH ON A STEEP HILL, THE VEHICLE STALLED. THE DEALER REPLACED THE IGNITION SWITCH. THE MANUFACTURER WAS NOT NOTIFIED. THE APPROXIMATE FAILURE MILEAGE WAS 73,000.					
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.					