



U.S. Department
of Transportation

National Highway
Traffic Safety
Administration

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 ☐

30-NOV-2017

Reference No.
11051442

JAN 23 2018

OWNER INFORMATION (Type or Print)

Name [REDACTED]
Address [REDACTED]
City **MILWAUKEE** State **WI** Zip Code [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

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
1GTHK23U93F Make **GMC** Model **SIERRA 1500** Model Year **2003**

Date Purchased Dealer's Name and Telephone Number

Engine:
No: Cylinders Fuel Type:

Original Owner ☐ Dealer's City State Zip Code

Transmission Type ☐ Antilock Brakes ☐ Cruise Control Powertrain Multiple Failure: Incident Date(s)
26-NOV-2010

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Codes: 162000 STRUCTURE; BODY, 060000 ENGINE (PWS), 063200 ENGINE AND ENGINE COOLING; EXHAUST SYSTEM: MANIFOLD/HEADER/MUFFLER/TAIL PIPE Failure Mileage **80000** Failure Speed

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: DOTM19ABC036) ☐ 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 ☐ Yes ☒ No Fire ☐ Yes ☒ No Number of Persons Injured Number of Deaths 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 2003 GMC SIERRA 1500. WHEN THE VEHICLE WAS STARTED, EXHAUST FUMES ENTERED THE VEHICLE. THERE WERE NO WARNING INDICATORS ILLUMINATED. THE VEHICLE WAS TAKEN TO JOHN PAUL'S BUICK GMC (3615 S 108TH ST, GREENFIELD, WI 53228 (414) 482-6246) WHERE IT WAS DIAGNOSED THAT THERE WAS A FRACTURED EXHAUST MANIFOLD GASKET. THE VEHICLE WAS NOT REPAIRED. THE MANUFACTURER STATED THAT THEY COULD NOT ASSIST THE CONTACT BECAUSE THERE WAS NO RECALL ISSUED FOR THE VEHICLE. THE FAILURE 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.

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

I WAS DRIVING ONE DAY AND MY WIFE SMELLED
EXHAUST FUMES I CAN'T SMELL OR TAST AND I SEND
TO HER NO WARNING I GET HEADACKS AFTER DRIVING
I THOUGHT IT WAS THAT I NEEDED GLASSS BUT NOT
THE PROBLEM IS FROM THE EXHAUST FUMES I
COULD NOT PASSED OUT FROM THEM MY WIFE SEND
WE HAVE PARKED IT NOW WE KNOW WHAT IT IS
WORKS WITH IN THE PUBLIC NEEDS TO KNOW
THIS SO WE HAVE NO CRASH'S OR DEATH'S

ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department
of Transportation
National Highway
Traffic Safety
Administration
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382
Official Business
Penalty for Private Use \$300

MILWAUKEE

WI 532

27 DEC '17

SM 61



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL

PERMIT NO. 1888

WASHINGTON, DC

POSTAGE WILL BE PAID BY ADDRESSEE

US Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NEF-100
1200 New Jersey Avenue SE.
Washington, D.C. 20077-9382



Think your vehicle
has a safety defect?



If so:

Use the enclosed
form to file a report.

or visit:

www.safercar.gov

or call:

Vehicle Safety Hotline
888-327-4236



Vehicle Owner's Questionnaire (VOC)
U.S. Department of Transportation
National Highway Traffic Safety Administration

