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Form Approved: O.M.B. No. 2127-0004



US Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
TO REPORT VEHICLE SAFETY DEFECT
1-888-DASH-2-DOT
1-888-327-4236
INTERNET: <http://www.nhtsa.dot.gov>

POSTED

AGENCY USE ONLY	
Date Received	03 MAY - 5 PM '98
Od_or	_____
rt_dt	_____
od_rt	_____
up_tr	_____
Reference No.	552175

Dealing Telephone Number: _____

OWNER INFORMATION (Type or Print)

[Redacted]

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: 4/29/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (17 Digits) <u>1GTCG1946W252B96</u>	(Located at bottom of windshield on driver's side)	Vehicle Make <u>GMC</u>	Vehicle Model <u>SONOMA</u>	Vehicle Year <u>1998</u>	Current Odometer Reading <u>31627</u>
Purchased Date <u>3-23-98</u>	Dealer's Name <u>STADIUM GMC</u>	Engine Size (CID/CC/L) <u>2.2</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City <u>SALEM</u>	State <u>OH</u>	Zip Code <u>44460</u>	No. Cylinders <u>4</u>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> S-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drivetrain <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Sport Ut. <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
				Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>3 DR</u>	

FAILED COMPONENT(S)/PART(S) INFORMATION

Component <u>C 6021</u>	Part Name(s) <u>12473021 RECLINER</u>	Location <input checked="" type="checkbox"/> Left <input checked="" type="checkbox"/> Front	<input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No. of Failures <u>4</u>	Date(s) of Failure(s) <u>12-18-98 6-21-99 11-15-99 4-20-00</u>	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mileage of Failure(s) <u>12987, 24925, 25930, 31505</u>		Vehicle Speed at Failure(s): <u>PARKED</u>		

APPLICABLE INCIDENT INFORMATION

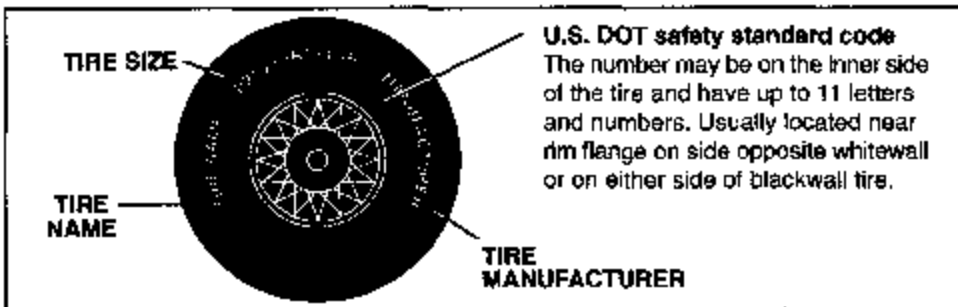
(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number Persons Injured <u>NONE</u>	Number of Fatalities <u>NONE</u>	Estimated Property Damage <u>\$ NONE</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

To report defective or failed tires provide the following: DOT Number, Tire Manufacturer, Tire Name, Tire Size (include all numbers and letters).
Note: This information not required for normal operation tires.

DOT	Manufacturer	Tire Name	Complete Tire Size
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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 maybe used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administration 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)

FOUND RECLINER ON FLOOR

THE RECLINER ASSEMBLY SHOULD BE RE-CALLED AND REPLACED WITH ONE OF BETTER QUALITY, "ROLLED STEEL" SHAFT, INSTEAD OF THE PRESENT POT METAL SHAFT.

IF THE HANDLE BREAKS WITH THE SEAT BACK IN FORWARD POSITION AN ACTIVATED AIR BAG COULD KILL THE DRIVER.

REPLACEMENT COST TO DATE: \$68.00 X 4 = \$ 272.00

PLEASE ADVISE OF RECALL STATUS. WILL TAKE THIS MATTER PUBLIC, TIRED OF WAITING.

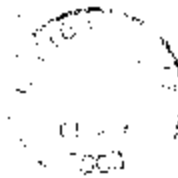
ATTACH ADDITIONAL SHEETS IF NECESSARY

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.



U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

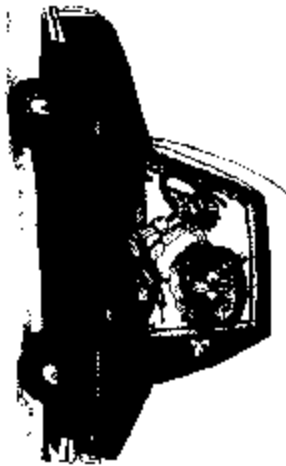
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT 1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



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