



US Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline **posted**
Accred 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

Date Received

Od_or _____
rt_dt _____
od_it _____
up_tr _____

Reference No.

OWNER INFORMATION (Type or Print)

Name: [Redacted]
Street: [Redacted]
City: [Redacted]

Daytime Telephone Number

564401

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? YES NO
In the absence of a signature, please print your name or address to the vehicle manufacturer.

Signature of Owner

Date

PRODUCT INFORMATION

Vehicle Identification No. (VIN) (17 Digits) 1G1TCS195318149887		Make GMC	Model SONOMA PU	Year 2001
Purchased Date 05/28/01	Dealer's Name Roger Deon Buick GMC Truck, Inc.		Engine Size (CID/CC/LI)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas
<input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's City FORT PIERCE	State FL	Zip Code 34982	No. Cylinders <u>4</u> <input type="checkbox"/> Fuel Injection
Manufacture Date (on driver's door or pillar)	Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Restraint System <input checked="" type="checkbox"/> Driverside Air Bag <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Passengerside Air Bag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> 3-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"/> Sport Utility <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other <u>EXT CAB</u>		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 DOOR</u>		

FAILED COMPONENT(S)/PART(S) INFORMATION

Part Name(s) Passenger Seat	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement	Handicap Adaptive Equip <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------------------------	--	--	---

TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Brand	Tire Name	Complete Tire Size
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the Incident(s), Failure(s), Crash(es), and Injury(ies). Attach photos if available.)

Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured ①	Number of Fatalities NONE	Reported to Manufacturer <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--------------------------------	------------------------------	---

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies). RIGHT FRONT (PASSENGER) seat does not latch into locked position. After folding back seat-back forward to access cargo area in extended cab, front seat does not lock into position. The person in the seat is forced back until the seat limit is reached. The abrupt motion and stop aggravate a previous back problem.

Continue on back.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If 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.