Form Approved: O.M.B. No. 2127-0038

U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY	258
Date Received	Od_or ____ ____
04-FEB-2001	rt_dt ____ ____
	od_rt ____ ____
	ip_ltr ____ ____
Reference No.	740423

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ YES ☐ NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTCC24K2LE530555	GMC	PICKUP	1990	

Purchase Date		Engine Size	
01-AUG-2090	Dealer's Name _____	(CID/CC/L 5.7 /	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection
☒ New ☐ Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Sport Utl ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12000000	INTERIOR SYSTEMS:ACTIVE SEAT AND SHOULDER BELTS AND B	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures		Failed Part(s) Available?	NHTSA Previously Contacted?
1	Date(s) of Failure(s) 17-JUL-2098 Mileage at Failure(s) 140000 Vehicle Speed at Failure(s) 0	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

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

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☐ No	☐ Yes ☒ No	1	0		☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THIS FAILURE WAS THE RESULT OF A REAR UND COLLISION WITH MY VEHICKE STOPPED. THE VEHICLE THAT HIT MY TRUCK WAS A SMALL IMPORT TRAVELING AT ABOUT 40 MPH. UPON IMPACT MY HEAD WAS SNAPPED BACKEARDS AND ACTUALLY WENT THROUGH THE REAR WINDOW, SHATTERING IT AND CAUSING A CONCUSSION SEVERE ENOUGH TO CAUSE ME TO TO BE UNABLE TO CONTINUE TO WORK. THERE WAS NO HEAD RESTRAINT OR BUMPER OR PAD EXTENDING HUGH ENOUGH FROM THE BACK OF THE SEAT TO CUSSION THE HEAD. LATTER MODLES (IE 1992) HAD AN EXTENDED HEAD REST. GMC SHOULD HAVE RECOGNIZED THIS PROBLEN AND OFFERED A REPAIR ABOUT THE SAME TIME IT REDESIGNED THE BENCH SEATS TO INCLUDE A PASSIVE HEAD RE

CONTINUE ON BACK IF NEEDED