



**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire (VOQ)**

**NATIONWIDE 1-888-DASH-2-DOT**  
**1-888-327-4236**  
**www.nhtsa.dot.gov/hotline**

**FOR AGENCY USE ONLY 258**

Data Received  26-JUL-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  726032	

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) _____ <small>(Listed at front of windshield or drivers side)</small>	Vehicle Make <b>GMC</b>	Vehicle Model <b>SONOMA</b>	Vehicle Year <b>2000</b>	Current Odometer Reading
--	----------------------------	--------------------------------	-----------------------------	--------------------------

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other _____	Body Style <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <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 _____
--	---	--	--	---	--	---

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 01140100 13410000	Part Name(s) <b>STEERING:ANTI-THEFT CONTROLLER (SEE 08560000)</b> <b>STRUCTURE:DOOR ASSEMBLY:FRAME AND PANEL</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------------------	--	---	---

No of Failures <b>4</b>	Date(s) of Failure(s) <b>11-JUL-2000</b> Mileage at Failure(s) <b>11755</b> Vehicle Speed at Failure(s) <b>0</b>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0</b>	Number of Fatalities <b>0</b>	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------------------	----------------------------------	---------------------------	---

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

**SINCE I GOT THIS VEHICLE ON 9/26/00 I HAVE HAD NOTHING BUT PROBLEMS. WHEN DRIVING SOMETIMES THE SECURITY LIGHT WOULD COME ON AND FLASH, CAUSING ME TO THINK IT MAY SHUT DOWN ON THE THRUWAY LEAVING ME TERRIFIED. ATLEAST 40 TIMES I WOULD GET INTO THIS VEHICLE AND IT WOULD NOT START, IF LEFT SIT ALONE FOR 10-15 MIN. IT WOULD START NO PROBLEM. WELL I DONT HAVE 10 MIN TO WAIT EVERY TIME I NEED TO GO SOMEWHERE. THE DOORS ON THE DRIVERS SIDE KEEP FALLING OUT OF ALIGNMENT, CAUSING AN UNTRUE SEAL AND ALLOWING FOR WATER TO LEAK IN TO THE TRUCK. THIS LEAK HAS CAUSED THE VEHICLE TO REAK OF MILDEW ON THE INSIDE , WELL THIS IS A SERIOUS PROBLEM THAT NOBODY SEEMS TO WANT TO DEAL WITH. I HAVE CHRONIC ASTHMA AND BAD ALLERGIES WHICH TRIGGER ATTACKS, THE LAST TI**

CONTINUED ON BACK PLEASE

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.