



U.S. Department of Transportation

National Highway Traffic Safety Administration

**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
29-SEP-2000
Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.
732811

Work Number **337 289 8893**

Home Number **337 845 5489**

OWNER INFORMATION (Type or Print)

ROBERT BULLIARD 644903
PO BOX 2727
PARKS LA 70582

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.) **1GTCS19X1T8509078** Vehicle Make **GMC** Vehicle Model **SONOMA** Vehicle Year **1996** Current Odometer Reading _____

Purchase Date **01-SEP-2000** Dealer's Name _____ Engine Size (CID/CC/L) **4.3 L** Turbo Diesel Gas Fuel Injection
 New Used City _____ State _____ Zip Code _____ No Cylinders _____

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **07300000** Par. Name(s) **POWER TRAIN:TRANSMISSION:AUTOMATIC** Location Left Right Frnt Rear Failed Part(s) Original Replacement
07390010 **POWER TRAIN:TRANSMISSION:AUTOMATIC TORQUE CONVERTER**

No of Failures **8** Date(s) of Failure(s) **27-SEP-2000** Mileage at Failure(s) **42998** Vehicle Speed at Failure(s) **5** Failed Part(s) Available? Yes No NHTSA Previously Contacted? 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 Yes No Fire Yes No Number of Persons Injured _____ Number of Fatalities _____ Estimated Property Damage _____ Reported to Police Yes No

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

TRANSMISSION FAILS/LOCKS/STALLS DUE TO SPRING THAT ENGAGES TORQUE CONVERTER DOES NOT HAVE ENOUGH TOLERANCE FOR THIS TRANSMISSION. TRANSMISSION SHOP REPAIRED 4 TRANSMISSIONS WITH IDENTICAL DEFECT IN THE SMALL TOWN OF LAFAYETTE JUST THIS PAST WEEK. THIS DEFECT MUST BE QUITE WIDESPREAD! AK

CONTINUED ON BACK PLEASE

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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Listed at front of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTCS19X1T8509078	GMC	SONOMA	1996	

Purchase Date 01-SEP-2000	Dealer's Name _____	Engine Size (CID/CC/L) 4.3 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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 checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input 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 _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000 07390010	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC POWER TRAIN:TRANSMISSION:AUTOMATIC TORQUE CONVERTER	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 8	Date(s) of Failure(s) 27-SEP-2000 Mileage at Failure(s) 42998 Vehicle Speed at Failure(s) 5	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	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

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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.