



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 1039

Date Received

11-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8002065

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GTEK14W3XE534708	CHEVROLET TRUC	SIERRA	1999			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 23-OCT-1999 Mileage at Failure(s) 42 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ABS IS HIGHLY SENSITIVE WHEN APPLIED AND KICKS IN AT INAPPROPRIATE TIMES. VEHICLE IS DIFFICULT TO STOP. CONTACTED DEALER. *AK

CONTINUED ON REVERSE

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NAT ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 1039</p> <p>Date Received <u>MAR 11 PM 2:00</u></p> <p style="text-align: center;">DEFECTS INVESTIGATION</p> <p>Reference No. 6002065</p> <p>Work # _____ Home # _____</p>
OWNER INFORMATION (Type or Print)	

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 1/22/02

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield, on driver's side) 1GTEK14W3XE534708		Vehicle Make CHEVROLET TRU		Vehicle Model SIERRA		Vehicle Year 1999	Current Odometer Reading 42,100
Purchase Date 8/99		Dealer's Name Rossi Pontiac/GMC				Engine Size (CID/CC/L) 4.3	<input type="checkbox"/> Turbo Diesel
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City Washington State NJ Zip Code 07882		No. Cylinders 6	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Fuel Injected	
Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual		Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbel: 2-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
				Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Min van <input type="checkbox"/> Other		<input checked="" type="checkbox"/> Sport Ult Truck	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station wagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM (ABS)		Location <input checked="" type="checkbox"/> Left Front <input checked="" type="checkbox"/> Right Rear
No of Failures EVERY TIME	Date(s) of Failure(s) 23-OCT-1999	Mileage at Failure(s) Since Start of mileage	Vehicle Speed at Failure(s) All speeds
Failed Part(s) ?	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	NHTSA Previously <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage 0	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ABS IS HIGHLY SENSITIVE WHEN APPLIED AND KICKS IN AT INAPPROPRIATE TIMES. VEHICLE IS DIFFICULT TO STOP. CONTACTED DEALER. *AK

AS A result of ABS coming on when it is not supposed to. Dealer states this is normal condition I know of other truck owners who have similar problems w/ABS.

CONTINUE ON BACK IF NEEDED

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