



DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 231 Date Received _____ DEFECTS INVESTIGATION 28-JAN-2002 Reference No. 8003201	
U.S. Department of Transportation National Highway Traffic Safety Administration		Odor _____ rt_dt _____ od_rt _____ up_ltr _____	
OWNER INFORMATION (Type or Print) [Redacted] 736582		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date 2/12/02	
<b>VEHICLE INFORMATION</b>			
Vehicle Ident. No. (VIN) _____ 1G-TCS14421K507453	Vehicle Make _____ GMC	Vehicle Model _____ SONOMA	Vehicle Year _____ 1991
Purchase Date _____ 1/01	Dealer's Name _____ Marina Dodge	Engine Size (CID/CC/L) _____ 2.2	Current Odometer Reading _____ 55112
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____ Rochester NY 14615	No. Cylinders _____ 4	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type _____ <input checked="" type="checkbox"/> Manua <input type="checkbox"/> Automatic	Antilock Brakes _____ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System _____ <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <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 type="checkbox"/> 4-Wheel	Vehicle Type _____ <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utl _____ <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style _____ <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
Component _____ 07190600 08310000	Part Name(s) _____ POWER TRAIN; CLUTCH ASSEMBLY; OTHER PARTS ELECTRICAL SYSTEM; WIRING; HARNESS; FRONT; UNDERHOOD	Location _____ <input type="checkbox"/> Left Front <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right Rear <input type="checkbox"/> Rear	Failed Part(s) _____ <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures _____ 1	Date(s) of Failure(s) _____ 12/24/01 Mileage at Failure(s) _____ 44000 Vehicle Speed at Failure(s) _____ 30 mph	Failed Part(s) _____ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>APPLICATION INCIDENT INFORMATION</b> (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 _____ \$500.00		Reported to Police _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
WHILE DRIVING IN SNOW ELECTRICAL SYSTEM WOULD SHUT DOWN. CONSUMER LOOKED UNDER HOOD, AND NOTICE CLUTCH FAN WAS SEATING ON FRAME, AND A HOLE WAS IN RADIATOR. TOOK VEHICLE TO A TECHNICIAN, AND WAS INFORMED CLUTCH FAN NEEDED REPLACEMENT. PLEASE PROVIDE FURTHER INFORMATION. *AK			
CONTINUE ON BACK IF NEEDED			
The Privacy Act of 1974-Public Law 93-502 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 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.			