



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 §20

Date Received

30-JAN-2002

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

8003234

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		
1GKDT13W2Y2118523	GMC	ENVOY	2000			
Purchase Date <input checked="" type="checkbox"/> New <input 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 checked="" 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 checked="" 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 type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05220000	Part Name(s) ENGINE COOLING SYSTEM:HOSES	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 1	Dates of Failure(s) 15-JAN-2002 Mileage at Failure(s) 49600 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 0	Number of Fatalities 0	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DEALERSHIP CHANGED OIL AN OIL PRESSURE HOSE WAS FOUND TO BE LEAKING OIL FROM ENGINE. PROBLEM WAS REPAIRED BY THE DEALERSHIP. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION.*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.



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
1-888-327-4238
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 020

Date Received: 17 JAN 2002
OFFICE OF DEFECTS INVESTIGATION
Reference No.: 8003234

COWLESVILLE NY

Work Number: [Redacted]
Home Number: [Redacted]

Do you authorize NHTSA to provide a copy of copies to the manufacturer of this vehicle? YES NO
Signature: [Redacted] Date: 5/10/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1GKDT13W2Y2118523
Vehicle Make: GMC
Vehicle Model: ENVOY
Vehicle Year: 2002
Current Odometer Reading: 54,600

Purchase Date: 8/31/00
Dealer's Name: Delta
City: Aurora State: NY Zip Code: 14052
Engine Size: 4.3 CID/OIL
No. Cylinders: 6
 Turbo Diesel Gas
 Fuel Injection

Transmission Type: Automatic
Antilock Brakes: Yes
Restraint System: 3-Point Belt, Motorbelt, 2-Point Belt, Passengerside Airbag
Cruise Control: Yes
Drive Train: 4-Wheel
Vehicle Type: Van
Body Style: 2-Door, 4-Door, Stationwagon, Pick Up, Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 05220000
Part Name(s): ENGINE COOLING SYSTEM HOSES
Location: Left, Right, Front, Rear
Failed Part(s): Original, Replacement

No. of Failures: 1
Date(s) of Failure(s): 15-JAN-2002
Mileage at Failure(s): 49600
Vehicle Speed at Failure(s):
Failed Part(s): Yes, No
NHTSA Previously: 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: 0
Number of Fatalities: 0
Estimated Property Damage:
Reported to Police: Yes, No

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

WHEN DEALERSHIP CHANGED OIL AN OIL PRESSURE HOSE WAS FOUND TO BE LEAKING OIL FROM ENGINE. PROBLEM WAS REPAIRED BY THE DEALERSHIP. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / DOCUMENTATION. *AK

CONTINUE ON BACK IF NEEDED