Form Approved: OMB No. 2127-0042

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 336

Date Received: 08-MAR-2002

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 8005211

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GTEC14W61Z217454	GMC	SIERRA	2001	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
12111000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONT/	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
0	21-FEB-2002	☐ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s 7800		
	Vehicle Speed at Failure(s) 30		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☐ No	1	0		☐ Yes ☐ No

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

WHILE DRIVING AT 30 MPH VEHICLE WENT TO THE RIGHT AND CONSUMER LOST CONTROL. HIT A TELEPHONE POLE AND FLIPPED TRUCK OVER. VEHICLE WAS TOTALLED. DRIVER UPON IMPACT, NONE OF AIRBAGS DEPLOYED. CONSUMER WAS SERIOUSLY INJURED IN THIS INCIDENT. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

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	335
Date Received: 08-MAR-2002	Od_or / rt_dt / od_rt / up_ltr
OFFICE DEFECTS INVESTIGATION	Reference No. 8005211

OWNER INFORMATION (Type or Print)

[redacted]

Work Num: [redacted]
Home Num: [redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☑ YES ☐ NO
In the a[redacted] and address to the vehicle manufacturer.
Signatu[redacted] Date 4/11/02.

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GTEC14W61Z217454	GMC	SIERRA	2001	7903

Purchase Date	Dealer's Name	Engine Siz (CID/CC/L	Turbo / Diesel / Gas / Fuel Injecto
1-6-01 ☐ New ☒ Used Note	McConnell Automotive City Mobile State AL Zip Code 36616	V6 No Cylinders 6	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☑ Automatic	☑ Yes ☐ No	☑ 3-Point Belt ☐ Motorbolt ☑ Driverside Airbag ☐ 2-Point Bel ☑ Passengerside Airbag	☐ Yes ☑ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☑ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☑ 2 Door ☐ 4-Door ☐ Stationwagon ☐ Pick-Up ☑ Truck

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No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
0	21-FEB-2002	☑ Yes ☐ No	☐ Yes ☐ No
	Mileage at Failure(s) 7800		
	Vehicle Speed at Failure(s) 30		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☑ No	1	0		☑ Yes ☐ No

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