



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

13-MAR-2002

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

Reference No.

8005613

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		
1GKEC13242R138251	CHEVROLET TRUC	YUKON	2002			
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 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 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	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) _____ Mileage at Failure(s) _____ B 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)

WHEN STARTING VEHICLE UP IT LURCHES FORWARD. TOOK VEHICLE TO DEALER, AND CAUSE UNKNOWN.\*AK

CONTINUE 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><b>DOT Auto Safety Hotline</b></p> <p><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p><b>FOR AGENCY USE ONLY 1039</b></p> <p>Date Received <b>RECEIVED</b> <b>07 APR 22 13-MAR-2002 PM 9:13</b></p> <p><b>OFFICE DEFECTS INVESTIGATION</b></p> <p>Od or rt dt _____ ed, n sup, nr _____</p> <p>Reference No. <b>8005613</b></p> <p>Work Number _____ Home Number _____</p>	
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>743311</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>in the absence of an address for the manufacturer, please provide an address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <b>4/4/02</b></p>			
<p><b>VEHICLE INFORMATION</b></p> <p>Vehicle Ident. No. (VIN) (Located in bottom of windshield on driver's side) <b>1GKEC13Z42R138257</b></p> <p>Vehicle Make <b>GMC CHEVROLET TRUCK</b></p> <p>Vehicle Model <b>YUKON</b></p> <p>Vehicle Year <b>2002</b></p> <p>Current Odometer Reading <b>07084</b></p>			
<p>Purchase Date <b>10/26/01</b></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name <b>PARKER PONTIAC-GMC</b></p> <p>City <b>MOREHEAD</b> State <b>NC</b> Zip Code <b>28557</b></p> <p>Engine Size (CID/CC/L) <b>5.3</b></p> <p>No. Cylinders <b>8</b></p> <p><input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injectio</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag</p> <p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p> <p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Motorcycle</p> <p>Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>	
<p><b>FAILED COMPONENT(S)/PART(S) INFORMATION</b></p>			
<p>Component <b>06400000</b></p>		<p>Part Name(s) <b>FUEL THROTTLE LINKAGES AND CONTROL</b></p>	
<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures _____</p>		<p>Date(s) of Failure(s) _____ Mileage at Failure(s) <b>6</b> Vehicle Speed at Failure(s) _____</p>	
<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><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.)</p>			
<p>Crash <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Number of Persons Injured _____</p>		<p>Number of Fatalities _____</p>	
<p>Estimated Property Damage _____</p>		<p>Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b></p> <p><b>WHEN STARTING VEHICLE UP IT LURCHES FORWARD. TOOK VEHICLE TO DEALER, AND CAUSE UNKNOWN.*AK THIS WHILE IN "PARK" POSITION?</b></p>			
<p>CONTINUE ON BACK IF NEEDED</p>			
<p>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 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>			