



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 936**

Date Received

16-APR-2002

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

8007704

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)<br><small>(Location at bottom of<br/>and/or above windshield)</small> | Vehicle Make   | Vehicle Model  | Vehicle Year  | Current Odometer Reading  |   |  |
| 1GMDX06E0VD112812  | PONTIAC TRUCK  | TRANSPORT  | 1997  |   |   |  |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used         | Dealer's Name _____<br>City _____ State _____ Zip Code _____                   |  | Engine Size<br>(CID/CC/L) _____<br>No Cylinders _____                         | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic     | Antilock Brakes<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                          | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>15130000 | Part Name(s)<br>EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR                                     | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure         | Dates of Failure(s) 16-APR-2001<br>Mileage at Failure(s) 78000<br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---------------------------|----------------------|--------------------------|--|

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

SLIDING DOOR WOULD NOT CLOSE AUTIMATICALLY. DOOR WOULD NOT LATCH. BUZZER WOULD SOUND, AND DOOR WOULD COME OPEN EVEN WHILE DRIVING. VEHICLE WAS TAKEN IN TWICE UNDER RECALLS. ONCE UNDER RECALL 01 V 224 000 FOR SLIDING DOOR ,AND SECOND TIME UNDER RECALL 01 V 067 000. NEITHER RECALL CORRECTED THE PROBLEM. PLEASE PROVIDE ANY FURTHET INFORMATION.\*AK

COPIED FROM NHTSA FORM 37

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.

| DOT Auto Safety Hotline   |  | FOR AGENCY USE ONLY 335  |   |
|---|--|--|---|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline   |   |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 748610   |  | <b>Date Received</b><br>16-APR-2002<br><b>Reference No.</b><br>8007704   |   |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorized signature, your name and address to the vehicle manufacturer.  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br><b>Signature of Owner</b> [Redacted] <b>Date</b> 5/2/02   |   |
| VEHICLE INFORMATION   |  |  |   |
| <b>Vehicle Ident. No. (VIN)</b> (Located at bottom of windshield on driver's side)<br>1GMDX06E0VD112812   | <b>Vehicle Make</b><br>PONTIAC TRUCK   | <b>Vehicle Model</b><br>TRANSPORT  | <b>Vehicle Year</b><br>1997   |
| <b>Purchase Date</b><br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used   |  | <b>Dealer's Name</b><br>Hoak Motors<br><b>City</b> Sioux City <b>State</b> IA <b>Zip Code</b> 51102  | <b>Current Odometer Reading</b><br>79,286   |
| <b>Transmission Type</b><br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic   | <b>Antilock Brakes</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                  | <b>Restraint System</b><br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input checked="" type="checkbox"/> Passengerside Airbag   | <b>Engine Size (CID/CC/L)</b><br><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio<br><b>No Cylinders</b>                  |
| <input type="checkbox"/> Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Drive Train</b><br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel | <b>Vehicle Type</b><br><input type="checkbox"/> Car <input type="checkbox"/> Sport/UTV <input type="checkbox"/> 2-Door<br><input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Other <input checked="" type="checkbox"/> Truck | <b>Body Style</b><br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up<br><input checked="" type="checkbox"/> Truck |
| FAILED COMPONENT(S)/PART(S) INFORMATION   |  |  |   |
| <b>Component</b><br>15130000  | <b>Part Name(s)</b><br>EQUIPMENT:ELECTRIC POWER ACCESSORIES:LOCKS:DOOR   | <b>Location</b><br><input type="checkbox"/> Left <input checked="" type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear   | <b>Failed Part(s)</b><br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement  |
| <b>No of Failures</b>   | <b>Date(s) of Failure(s)</b> 16-APR-2001<br><b>Mileage at Failure(s)</b> 78000<br><b>Vehicle Speed at Failure(s)</b>           | <b>Failed Part(s)</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>NHTSA Previously</b><br><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)  |  |  |   |
| <b>Crash</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>Fire</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>Number of Persons Injured</b>   | <b>Number of Fatalities</b>   |
| <b>Estimated Property Damage</b>  |  | <b>Reported to Police</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)   |  |  |   |
| SLIDING DOOR WOULD NOT CLOSE AUTOMATICALLY. DOOR WOULD NOT LATCH. BUZZER WOULD SOUND, AND DOOR WOULD COME OPEN EVEN WHILE DRIVING. VEHICLE WAS TAKEN IN TWICE UNDER RECALLS. ONCE UNDER RECALL 01 V 224 000 FOR SLIDING DOOR, AND SECOND TIME UNDER RECALL 01 V 067 000. NEITHER RECALL CORRECTED THE PROBLEM. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK   |  |  |   |
| CONTINUE ON BACK IF NEEDED  |  |  |   |
| 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. |  |  |   |

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies)

No injuries to any persons. Vehicle has been taken in once again to have problem diagnosed. Door needs an actuator, estimated cost is \$1670.44. Advisor claims the two recalls for the power sliding door had nothing to do with the actuator. WE have every right to believe otherwise, because of the initial problem, as described earlier, with the sliding door. Also, on one of the recall visits to Hook Motors, there is a statement on the invoice which states: "performed sliding door recall -- already has new designed actuator -- NOTE: sliding door will not work -" If it has a "new designed actuator", which seems to be the problem, then why does our door not work?

ATTACH ADDITIONAL SHEETS IF NECESSARY

US Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration DOT Auto Safety Hotline, NSA-10.1 400 7th Street, SW Washington, DC 20590



VEHICLE OWNER'S QUESTIONNAIRE

DOT AUTO SAFETY HOTLINE

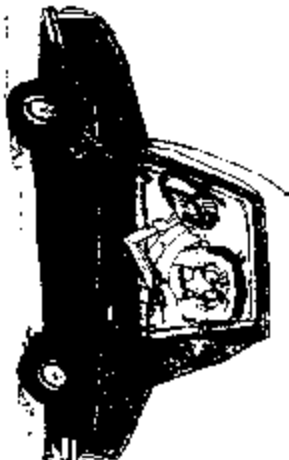
TO REPORT VEHICLE SAFETY DEFECTS COMPLETE THIS FORM OR

DASH2DOT

and dial toll free at

1-888-DASH-2-DOT 1-888-327-4236

DOT Auto Safety Hotline (DASH) 2 DOT



US Department of Transportation National Highway Traffic Safety Administration http://www.nhtsa.dot.gov/owners

**THE FOLLOWING PAGES ARE WITHHELD TO  
PROTECT UNWARRANTED INVASION OF  
PERSONAL PRIVACY PURSUANT TO  
EXEMPTION 6 OF THE FREEDOM OF  
INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6)**

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