



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

15-MAY-2002

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

Reference No.

8009940

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   |   |  |
| 1GPEK19RXTE545458  | GMC  | SIERRA   | 1996  |  |   |  |
| 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 checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

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

|                       |   |  |  |
|-----------------------|---|--|--|
| Component<br>10312000 | Part Name(s)<br>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR   | 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) 01-MAY-2002<br>Mileage at Failure(s) 90000<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)

WINSHIELD WIPERS SUDDENLY QUIT, WITHOUT WARNING, CONSUMER ALMOST HAD AN ACCIDENT. DEALER HAS BEEN CONTACTED. THERE WAS RECALL 98V150001 FOR SAME PROBLEM THAT CONSUMER WAS HAVING. BUT CONSUMER'S VEHICLE WAS NOT COVERED UNDER RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER INFORMATION. AK

COPIES OF THIS FORM ARE:

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 style="text-align: center;"><b>DOT Auto Safety Hotline</b></p> <p style="text-align: center;"><b>Vehicle Owner's Questionnaire (VOQ)</b></p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT<br/>1-888-327-4236<br/>www.nhtsa.dot.gov/hotline</p> | <p style="text-align: center;"><b>FOR AGENCY USE ONLY</b> 335</p> <p>Date Received <u>15-MAY-2002</u></p> <p style="text-align: center; font-size: small;">DEFECTS INVESTIGATION OFFICE</p> <p>Reference No. <u>16A09940</u></p> <p>Work Number _____</p> <p>Home Number _____</p> |
| <p>U.S. Department of Transportation<br/>National Highway Traffic Safety Administration</p>   |  |
| <p><b>OWNER INFORMATION (Type or Print)</b></p> <p style="text-align: right;">754483</p> <p>FOREST LAKE MN</p>  |  |
| <p>Do you authorize NHTSA in the absence of an authorized Signature of Owner _____ your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br/>to address to the vehicle manufacturer. Date <u>5/15/02</u></p>                        |  |

| VEHICLE INFORMATION  |   |  |  |   |  |
|--|---|--|--|---|--|
| Vehicle Ident. No. (VIN) <small>(Locates at bottom of windshield on driver's side)</small><br><b>1GPEK19RXTE545458</b>   | Vehicle Make<br><b>GMC</b>  | Vehicle Model<br><b>SIERRA</b>   | Vehicle Year<br><b>1996</b>  | Current Odometer Reading  |  |
| Purchase Date  | Dealer's Name <u>Thomas Chev / NOUAC GMC</u>  |  | Engine Size (CID/CC/L) <u>350</u>  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input checked="" type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injecte |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used  | City <u>Forest Lake</u> State <u>MN</u> Zip Code <u>55025</u>                             | No Cylinders <u>8</u>  |  |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic  | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                         | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<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 checked="" type="checkbox"/> Pick Up<br><input type="checkbox"/> Truck |   |  |  |   |  |

| FAILED COMPONENT(S)/PART(S) INFORMATION |   |  |  |
|---|---|--|--|
| Component<br><b>10312000</b>            | Part Name(s)<br><b>VISUAL SYSTEMS-WINDSHIELD WIPER-MOTOR</b>  | Location<br><input checked="" type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures                         | Date(s) of Failure(s) <u>01-MAY-2002</u><br>Mileage at Failure(s) <u>90000</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s)<br><input checked="" 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 checked="" type="checkbox"/> No                                 | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

**WINDSHIELD WIPERS SUDDENLY QUIT, WITHOUT WARNING, CONSUMER ALMOST HAD AN ACCIDENT. DEALER HAS BEEN CONTACTED. THERE WAS RECALL 98V150001 FOR SAME PROBLEM THAT CONSUMER WAS HAVING. BUT CONSUMER'S VEHICLE WAS NOT COVERED UNDER RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER INFORMATION.\*AK**

CONTINUE ON BACK IF NEEDED

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