



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 231**

Date Received

25-JUN-2002

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

Reference No.

8012615

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 <b>GMC</b>	Vehicle Model <b>SONOMA</b>	Vehicle Year <b>1999</b>	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

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

Component <b>09306000</b>	Part Name(s) <b>LIGHTING:FUSE:BRAKE LIGHTS</b>	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) _____ 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 Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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### NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

**BRAKE LIGHTS ARE INOPERABLE. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE 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.

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 231	
 U.S. Department of Transportation <b>National Highway Traffic Safety Administration</b>		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
<b>OWNER INFORMATION (Type or Print)</b> [Redacted] 760868		<b>Date Received</b> 25-JUN-2002 <b>OFFICE OF DEFECTS INVESTIGATION</b> <b>Reference No.</b> 8012615	
<b>WATER FORD</b> MI [Redacted]		<b>Work Number</b> [Redacted] <b>Home Number</b> [Redacted] 418	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an owner's signature, please print name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>Date</b> 7/17/02	
<b>VEHICLE INFORMATION</b>			
<b>Vehicle Ident. No. (VIN.)</b> (Located at bottom of windshield on driver's side) 1GTC5H47XKS116605		<b>Vehicle Mak</b> GMC	<b>Vehicle Mode</b> SONOMA
<b>Vehicle Year</b> 1999		<b>Current Odometer Readin</b>	
<b>Purchase Date</b>		<b>Dealer's Name</b> Al dietrich olds	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used		<b>City</b> Waterford <b>State</b> Mich <b>Zip Code</b>	
<b>Engine Siz (CID/CC/L)</b> No Cylinders 4 Cyl		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio	
<b>Transmission Type</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<b>Antilock Brakes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Restraint System</b> <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	<b>Cruise Control</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Drive Train</b> <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<b>Vehicle Type</b> <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<b>Body Style</b> <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>			
<b>Component</b> 08306000	<b>Part Name(s)</b> LIGHTING:FUSE:BRAKE LIGHTS	<b>Location</b> <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input checked="" type="checkbox"/> Rear	<b>Failed Part(s)</b> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
<b>No of Failures</b>	<b>Date(s) of Failure(s)</b> March 02, June 02 <b>Mileage at Failure(s)</b> <b>Vehicle Speed at Failure(s)</b> N/A	<b>Failed Part(s)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>NHTSA Previously</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<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)			
<b>Crash</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Fire</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Number of Persons Injured</b> N/A	<b>Number of Fatalities</b> N/A
<b>Estimated Property Damage</b> N/A		<b>Reported to Police</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>			
<b>BRAKE LIGHTS ARE INOPERABLE. DEALER HAS BEEN NOTIFIED. PLEASE PROVIDE FURTHER INFORMATION. *AK</b> Brake stopswitch was loose, replaced for the second time by dealer.			

CONTINUE ON BACK IF NEEDED

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