

U.S. Department  
of TransportationNational 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 150**

Date Received

03-MAR-2000

 Od\_or \_\_\_\_\_  
 Rt\_dt \_\_\_\_\_  
 od\_rt \_\_\_\_\_  
 up\_ltr \_\_\_\_\_

Reference No.

857857

 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>(Listed at front of windshield or drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>PLEASE ADD</b>	<b>GMC</b>	<b>PICKUP</b>	<b>1995</b>	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component 10310000	Part Name(s) <b>VISUAL SYSTEMS:WINDSHIELD WIPER</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Frnt <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 100 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)**
**WINDSHIELD WIPERS WILL QUIT WORKING DURING OPERATION, CAUSING POOR VISIBILITY. MODEL Z71, 1500. \*AK**

CONTINUED ON BACK PLEASE

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 160	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 03-MAR-2000 09:58 OFFICE INVESTIGATION	Od_or _____ rt_dt _____ od_rt _____ up_tr _____
[Redacted]		593448	Reference No. 857867
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	
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner [Redacted]		Date 3/19/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
PLEASE ADD	GMC	PICKUP	1996
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Crutch Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			<input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style
			<input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 10310000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 10	Date(s) of Failure(s) Mileage at Failure(s) 100 Vehicle Speed at Failure(s) 55-65	Failed Part(s) Available?	NHTSA Previously Contacted?
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" 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	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WINDSHIELD WIPERS WILL QUIT WORKING DURING OPERATION, CAUSING POOR VISIBILITY. MODEL Z71, 1500. *AK			
Letter SENT Attached. NO RESPONSE!			
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 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.			

GMC SAFETY BOARD  
PO BOX 436008  
PONTIAC MICHIGAN 38343

TO WHOM IT MAY CONCERN:

THIS IS TO INFORM YOU OF A SAFETY PROBLEM THAT YOU CANNOT IGNORE. WE BOUGHT A USED TRUCK 4 YRS OLD, PAID CASH (\$16,000), IT WAS A 1995 GMC 4X4 Z-71 EXTENDED CAB, I HAD IT CHECK OUT AND I TOOK MY FAMILY ON VACATION. WHILE TRAVELING ON A TWO LANE MOUNTAIN ROAD A SMALL STORM CAME UP WHICH SHOULD NOT HAVE BEEN A PROBLEM. I TURNED ON MY WINDSHIELD WIPERS AND CONTINUED ON. A FEW MINUTES LATER THE WIPERS FAILED, I TRIED EVERYTHING TURNING THEM OFF AND ON. WE WERE BLIND BY THE RAIN AND NO PLACE TO TURN OFF. MY FAMILY AND MYSELF WERE BADLY SHAKEN BY THE TIME WE FOUND A PLACE TO PULL OFF. IN THE RAIN I UNPLUGGED THE WIPER MOTOR UNDER THE HOOD AND PLUGGED IT BACK IN AND THEY STARTED TO WORK. BUT I WILL NOT SOON FORGET THE FEELING WE HAD WITH A 1000 FOOT DROP OFF NEXT TO US AND COULD NOT SEE TO DRIVE. I OPENED THE WINDOW AND DROVE WITH MY HEAD OUT THE WINDOW WHICH WAS VERY UNSAFE. WITH THE WINDSHIELD WIPERS WORKING , I FELT THAT IT WAS JUST A BAD CONNECTION. WE PUT RAIN-X ON THE WINDSHIELD THAT DAY, IT SAVED OUR LIVES LATER THAT WEEK. "THE WIPERS MALFUNCTIONED AGAIN"! I WAS TOLD BY A MECHANIC THAT IT HAD TO BE BROKEN FOR HIM TO FIGURE OUT WHAT WAS CAUSING THE PROBLEM. WHEN HE LOOK AT IT THEY WERE WORKING. BEING CONCERN ABOUT THE PROBLEM WE CUT OUR TRIP SHORT. WHEN WE GOT HOME I START LOOKING INTO THE PROBLEM AND I FIND OUT THAT IT IS A COMMON PROBLEM. THERE WAS A RECALL ON SOME 1995 AND 1996 GMC PICKUP TRUCKS. MEAN WHILE ALL THIS IS GOING ON MY SON IS IN SHOP CLASS AT SCHOOL HE SEE'S A 1995 GMC TRUCK WITH WIRE WRAPPED AROUND THE SAME PLUG. MY SON REMARKED TO A FRIEND THAT WE WERE HAVING THE SAME PROBLEM, HIS FRIEND SAID HIS DADS TRUCK HAS THE SAME PROBLEM. I HAVE DECIDED I AM JUST ONE OF MANY. CLOSING THE LAST GAP I THINK MAYBE NO ONE HAS WRITTEN, I BELIEVE THEY HAVE AND ARE BEING STONE WALLED LIKE ME BY GMC, BECAUSE THE DEALER TELLS MY TRUCK IS NOT PART OF THE RECALL. I WOULD LIKE JUST ONE OF THE SAFETY BOARD MEMBERS TO EXPERIENCE WHAT WE WENT THROUGH. I WOULD LIKE A RESPONSE FROM YOU ON THIS MATTER.

