

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 255

Date Received

06-MAR-2000

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

Reference No.

857945

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>(located at front of windshield on driver's side)</small> | Vehicle Make<br><b>GMC</b> | Vehicle Model<br><b>PICKUP</b> | Vehicle Year<br><b>1996</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------|--------------------------------|-----------------------------|--------------------------|

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                    |                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell<br><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" 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 Ult<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>01130000<br>09302000 | Part Name(s)<br><b>STEERING:COLUMN:TILT<br/>LIGHTING:FUSE:HEAD LIGHTS</b>                       | 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 Failures                    | Date(s) of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<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)

**LOW BEAM HEADLIGHT WIRES ARE LOCATED IN THE STEERING COLUMN TILT HAVE WORN OUT FROM TILTING OF THE STEERING WHEEL, CAUSING THE LIGHTS NOT TO WORK. DELAER HAS BEEN CONTACTED. \*AK**

CONTINUED ON BACK (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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br><b>DOT Auto Safety Hotline</b><br><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>FOR AGENCY USE ONLY</b> 255                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Date Received: <b>MAR 30 2000</b><br><b>06-MAR-2000 26</b><br>OFFICE DEFECTS INVESTIGATION<br>Reference No. <b>857945</b><br>Work Number _____<br>Home Number _____                                                                                     |                                                                                                                                                                                                                                                                        |
| OWNER INFORMATION (Type or Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
| [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         | <b>594508</b>                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                        |
| 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<br>In the absence of an authorized signature, this questionnaire is void. Signature of Owner: _____ Date: <b>3/26/00</b>                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><b>1GTHK39F2TE521699</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                         | Vehicle Make<br><b>GMC</b>                                                                                                                                                                                                                              | Vehicle Model<br><b>PICKUP</b>                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Vehicle Year<br><b>1996</b>                                                                                                                                                                                                                             | Current Odometer Reading<br><b>40,000 m.</b>                                                                                                                                                                                                                           |
| Purchase Date<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dealer's Name <b>BOYDEN BROOK SALES</b><br>City <b>CANTON</b> State <b>N.Y.</b> Zip Code <b>13617</b>                   |                                                                                                                                                                                                                                                         | Engine Size (CID/CC/L) <b>6.5 L</b><br>No Cylinders <b>8</b><br><input checked="" type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection                                                                                  |
| Transmission Type<br><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Antilock Brakes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                  | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Drive Train<br><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel                                                                                                                                 | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Utl<br><input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Body Style<br><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____                                        |                                                                                                                                                                                                                                                                        |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
| Component<br><b>01130000</b><br><b>09302000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Name(s)<br><b>STEERING:COLUMN:TILT</b><br><b>LIGHTING:FUSE:HEAD LIGHTS</b>                                         |                                                                                                                                                                                                                                                         | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | Failed Part(s)<br><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement                                                                                                                                                     |                                                                                                                                                                                                                                                                        |
| No of Failures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Date(s) of Failure(s) <b>2/5/00</b><br>Mileage at Failure(s) <b>37,000</b><br>Vehicle Speed at Failure(s) <b>50 mph</b> |                                                                                                                                                                                                                                                         | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                         | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                      |                                                                                                                                                                                                                                                                        |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(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                                                                                                                                                                              |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
| <p>LOW BEAM HEADLIGHT WIRES ARE LOCATED IN THE STEERING COLUMN TILT HAVE WORN OUT FROM TILTING OF THE STEERING WHEEL, CAUSING THE LIGHTS NOT TO WORK. DELAER HAS BEEN CONTACTED. *AK</p> <p style="text-align: center;">WIRE FOR LOW-BEAM HEADLIGHTS BROKEN AT TERMINAL BLOCK IN STEERING COLUMN. OTHER WIRES DAMAGED, NOT YET BROKEN. TILTING OF STEERING WHEEL CAUSES WIRE BUNDLE TO FLEX. WHILE DRIVING</p>                                                                                                                                                                      |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |
| 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. |                                                                                                                         |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                        |

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

AT NIGHT, I ADJUSTED THE TILT WHEEL SLIGHTLY,  
AND MY HEADLIGHTS WENT OUT, LEAVING ME DRIVING  
BLIND UNTIL I COULD PULL OVER.

U.S. Government Printing Office: 1995-822-390

U.S. Department  
of Transportation

National Highway  
Traffic Safety  
Administration

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

Official Business  
Penalty for Private Use \$300



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IN THE  
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**BUSINESS REPLY MAIL**

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U.S. Department of Transportation  
National Highway Traffic Safety Administration  
Auto Safety Hotline, NEF-11 HL  
400 7th Street, SW  
Washington, DC 20590

