



**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 231**

Data Received  <b>22-MAR-2000</b>	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  <b>859020</b>	

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 <b>GMC</b>	Vehicle Model <b>SIERRA</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" 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 Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 Ult <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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component <b>10312000</b>	Part Name(s) <b>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</b>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 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
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**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)**

**WHILE WINDSHIELD WIPERS ARE IN USE THEY WOULD STALL WITHOUT INDICATION. CONSUMER WOULD TURN THEM ON , AND THEN TURN THEM OFF TO RETURN TO MOVEMENT OF WINDSHIELD WIPERS . PLEASE PROVIDE FURTHER INFORMATION. \*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.

U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline <b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 231	
OWNER INFORMATION (Type or Print)		Date Received		Office	
[REDACTED]		00 APR 14 AM 11:22-MAR-2000		OFFICE OF SAFETY INVESTIGATION	
598535		Reference No.		859020	
Work Number		Home Number		[REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.					
Signature of Owner [REDACTED] Date 4/5/00					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTEK14MOT2530374		GMC	SIERRA	1996	
Purchase Date		Dealer's Name		Engine Size (CID/CYL)	
[REDACTED]		Albany Ave Garage 531 Albany Ave		6	
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used		City		No. Cylinders	
[REDACTED]		Kropton		6	
State		Zip Code		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
Ny		12402			
Transmission Type	Antilock Brakes	Restraint System		Cruise Control	Drive Train
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt					
Vehicle Type	Body Style				
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<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				
<input type="checkbox"/> Sport Utv <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle					
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component	Part Name(s)		Location		Failed Part(s)
16312000	VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR		<input type="checkbox"/> Left <input type="checkbox"/> Front		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
492					
Date(s) of Failure(s)	Mileage at Failure(s)		Vehicle Speed at Failure(s)		Failed Part(s) Available?
Dec 89 & Jan 00	25,038				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NHTSA Previously Contacted?					<input type="checkbox"/> Yes <input type="checkbox"/> No
No of Failures	Every time I start from a cold start				
1					
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	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)					
WHILE WINDSHIELD WIPERS ARE IN USE THEY WOULD STALL WITHOUT INDICATION. CONSUMER WOULD TURN THEM ON, AND THEN TURN THEM OFF TO RETURN TO MOVEMENT OF WINDSHIELD WIPERS. PLEASE PROVIDE FURTHER INFORMATION. *AK					
Wipers would stop working after a few minutes of turning them off - once working it would only last minutes before they would stop again. This was a very hazardous condition and therefore I had to have them repaired. Bill Enchard.					
CONTINUE ON BACK IF NEEDED					
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QTY 1  
PART NO AND DESCRIPTION  
Rb Wiper Motor  
PRICE 95.60

**ROCKEFELLER CONSULTING**  
Foreign & Domestic Car Service  
619 Washington Avenue  
Kingston, New York 12401  
Phone (914) 339-0108 Facility ID # 7061720  
No. 12046

NAME [REDACTED] CUSTOMER'S ORDER NO. 1-5-00  
ADDRESS [REDACTED] PHONE 339-7657  
CITY [REDACTED] ORDER PARTS BY [REDACTED] P.M.  
DATE 1-5-00

VEHICLE MAKE AND MODEL 1980 Buick Wildcat  
YEAR 1980 SERIAL NUMBER 213477  
OPTIONAL EQUIPMENT 8453P OMMETER/OUT

DESCRIPTION OF WORK  
LUBE  CHANGE OIL  FILTER  TIRE-SP  TRANSMISSIO  DIFFERENTIAL   
REPLACE WIPER MOTORS  
AMOUNT 45.00

*P.D. MasterCard*

**ESTIMATED COSTS**  
PARTS LABOR TOTAL  
TOTAL LABOR 45.00  
TOTAL PARTS 95.60  
TOTAL 140.60

I hereby authorize the above repair work to be done along with the necessary materials you and your employees may operate above vehicle for purposes of testing, inspection or diagnosis at my risk. An express mechanic lien is acknowledged on above vehicle to secure the amount of repair hereof. It is also understood that you will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft or any other cause beyond your control.

SIGNATURE [REDACTED] RETURN PARTS  DISCARD PARTS   
REVISED ESTIMATE/ADDITIONAL WORK

AUTHORIZED BY [REDACTED] IN PERSON  BY PHONE   
DATE [REDACTED] TIME [REDACTED] LABELED BY [REDACTED] PHONE NUMBER [REDACTED]  
TAX 10.74  
TOTAL 149.34  
THANK YOU

WANT ME CONTINUED ON OTHER SIDE!

TOTAL PARTS

