

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 241

Date Received

28-APR-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

861102

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>(located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
PLEASE FILL IN	GMC	C SERIES	2000	

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

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util Truck Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06122000	Part Name(s) FUEL:FUEL EMISSION CONTROL:VALVE:OVERFILL:LIMIT	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failures	Date(s) of Failure(s) 07-APR-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 4000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

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(IES)

FUEL OVER FLOW IS LOCATED ABOVE THE FUEL TANK. WHEN REFUELING THE EXCESS WOULD SPILL OUT OF OVER FLOW ONTO THE FUEL TANK NEXT TO THE EXHAUST SYSTEM WHICH COULD LEAD TO A POSSIBLE FIRE. DEALER/MANUFACTURER WERE NOTIFIED. *AK

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.

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RECEIVED
 MAY 19 AM 8:20
 28-APR-2000
 DEFECTS INVESTIGATION OFFICE

Od. or rt. dt. _____
 od. rt. up. ltr. _____

Reference No.

B61102

Work Number

Home Number

OWNER INFORMATION (Type or Print)

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an signature of owner, your name and address to the vehicle manufacturer.

Signature of Owner

Date: 5/10/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **267E19H241224972**
 PLEASE FILL IN
 Vehicle Make **GMC SIERRA/1100** Vehicle Model **C SERIES** Vehicle Year **2000** Current Odometer Reading **38725**

Purchase Date **12/30/99** Dealer's Name **SPICES SALES + SERVICE** Engine Size (CID/CC/L) **2936/10** Turbo Diesel Gas Fuel Injection Turbo Diesel Gas Fuel Injection
 New Used City **LAKELAND** State **OR** Zip Code **97630** No Cylinders **8**

Transmission Type Manual Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Driverside Airbag Passengerside Airbag Motorbelt 2-Point Belt Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Van Minivan Other Sport Ut Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component **08122000** Part Name(s) **FUEL:FUEL EMISSION CONTROL:VALVE:OVERFILL:LIMIT** Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures **one weekly 965 up** when you Date(s) of Failure(s) **07-APR-2000** Mileage at Failure(s) **4000** Vehicle Speed at Failure(s) Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes 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 Yes No Fire Yes No Number of Persons Injured **0** Number of Fatalities **0** Estimated Property Damage **0** Reported to Police Yes No

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

FUEL OVER FLOW IS LOCATED ABOVE THE FUEL TANK. WHEN REFUELING THE EXCESS WOULD SPILL OUT OF OVER FLOW ONTO THE FUEL TANK NEXT TO THE EXHAUST SYSTEM WHICH COULD LEAD TO A POSSIBLE FIRE. DEALER/MANUFACTURER WERE NOTIFIED. *AK

CONTINUE ON BACK IF NEEDED

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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.*

DOT A D 7 0 E K 1 4 6 9

MANUFACTURER/TIRE NAME

General AMORC 144

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)

Note: See attached letter & Receipt from Swab that indicates these were not AT tires.

★ U.S. G.P.O.: 1992 - 523-927 / 60098

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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





From the Pen of

[REDACTED]
APRIL 14, 2000

GMC
PO BOX 10069
TOLEDO OH 43682-4097

IT APPEARS THAT YOU FOLKS ARE INTERESTED IN CONSUMER SATISFACTION AND THAT IS A GREAT POINT IN YOUR FAVOR. I HAVE RESPONDED TO THE TWO QUESTIONNAIRES AND APPRECIATE YOUR FOLLOWING UP ON THEM. SPIRES HERE IN LAKEVIEW DO A BETTER THAN AVERAGE JOB. HOWEVER IT IS A NUISANCE TO HAVE TO LEAVE YOU VEHICLE IN THE GARAGE FOR A DAY AS MOST OF US HAVE A BUSY SCHEDULE AND THIS CAUSES A PROBLEM OF TRANSPORTATION. I CAN LIVE WITH THAT ANNOYANCE, MY COMPLAINT IS WITH THE TIRES THAT WERE ON THE VEHICLE AND THE REQUIREMENT THAT THEY BE SERVICED BY THAT COMPANY. THIS TIRE COMPANY IS NOT USUALLY FOUND IN SMALL COMMUNITIES, LAKEVIEW BEING ONE OF THEM. I HAD LESS THAN 500 MILES WHEN I HAD THE FIRST FLAT, A ROCK PUNCTURE. I CALLED YOUR ROAD SERVICE AND WAS VERY PLEASED WITH THE PROMPTNESS OF THE SERVICE, AT ABOUT 800 MILES I HAD ANOTHER ROCK PUNCTURE WHICH RESULTED IN DAMAGE THAT COULD NOT BE REPAIRED.(THE PICKUP WAS EMPTY NO LOAD) AT THAT POINT I PURCHASED 5 NEW TIRES AND RECEIVED A TRADE IN OF \$25.00 EACH. A 4 PLY TIRE ON PICKUPS JUST DONT MAKE SENSE. I HAVE CHECKED WHAT WAS ON THE TIRE COMPARED TO WHAT WAS ON THE THE SALE SLIP AND THEY DONT APPEAR TO BE AS ADVERTISED. INFORMATION AS TAKEN FROM THE SIDE WALLS OF THE TIRES, GENERAL AMERICAN 660 AS, P245/75 R 16 109S, DOT AD70 EK1 469 MAX INF 44 PSI, MXY 2271 PDS, TREAD 4 PLY, 2 PLY SIDEWALLS TREAD WEAR 420, TRACTION B, TEMP B, TPC SPEC 1153 M/S. NO WHERE DOES IT MENTION A LIGHT TRUCK TIRE. I AM ENCLOSING A COPY OF MY PURCHASE ORDER FOR INFORMATION. IF YOU ARE GOING TO SELL THIS QUALITY TIRE ON YOUR LIGHT TRUCKS, YOU SHOULD LET THE CUSTOMER KNOW DURING THE SALE AND GIVE THEM THE OPTION OF A BETTER GRADE OF TIRE.

SINCERELY,

[REDACTED]



NOTICE: The following conditions apply to all sales except where Seller issues a written warranty. SELLER ASSIGNS TO PURCHASER ALL RIGHTS AND REMEDIES UNDER FEDERAL EXPRESS AND IMPLIED WARRANTIES, BUT OTHERWISE EXCLUDES ALL LIABILITY FOR WARRANTY DAMAGES, SPECIAL AND CONSEQUENTIAL DAMAGES FOR LES SCHWAB MERCHANDISE PRODUCTS EXCLUDED TO EXTENT LAW ALLOWS. ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS NOTICE. PURCHASER acknowledges having received the goods described above and having read and received a copy of the security agreement contained on the reverse side hereof.

LES SCHWAB TIRE CENTER
PO BOX 1231
Lakeview, OR 97630 0170
541-947-3188

ACCT: [REDACTED] INVOICE 161502
DATE: 02-22-2000 TIME: 2:20:18 PM

SOLD BY: TRANSACT OF TYPE: NEW/USED: QUANTITY: PRICE: MILEAGE: VFA: MAKE: MODEL:

QTY	PRODUCT CODE	DESCRIPTION	PRICE	TAX	AMOUNT
1	CASH		60557		
		XP0075	17050		
		2000 GMC 1500			
5	02110858	17265/75R-16/10 A/T SXT ALL POSITION	145.95	1.34	735.95
5	00695556	OUTLINE WHITE LETTERS	9.75		48.75
4	00000547	WHEEL SPIN BALANCE	25.00		100.00
1	BF4	15.00 WHEEL WAX	.00		.00
		Paid By: MASTER CARD			684.70
SALES TAX					.00
DISPOSAL TAX					.00
TOTAL					684.70

CUSTOMER COPY