

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 151

Date Received

30-MAY-2000

Oid\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_ltr \_\_\_\_\_

Reference No.

862656

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>SAFARI</b>	Vehicle Year <b>1993</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"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <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>02190000</b>	Part Name(s) <b>SUSPENSION:INDEPENDENT FRONT TORSION BAR</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
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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)

**WHEN ENTERING THE TRUCK, THE FRONT LEFT SUSPENSION DROPPED DUE TO THE TORSION BAR SNAPPING. DLR SAYS BOTH TORSION BARS HAVE TO BE REPLACED.**

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		<b>FOR AGENCY USE ONLY</b> 151 RECEIVED JUN 14 AM 11:14 30-MAY-2000 OFFICE OF SAFETY INVESTIGATION	
OWNER INFORMATION (Type or Print)				Reference No. <b>862656</b>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? in the absence of an _____ name and address to the vehicle manufacturer.				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner _____				Date <b>6/5/00</b>	
<b>VEHICLE INFORMATION</b>					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1GKDL15W8PB532417</b>		Vehicle Make <b>GMC</b>	Vehicle Model <b>SAFARI</b>	Vehicle Year <b>1993</b>	Current Odometer Reading <b>111,000</b>
Purchase Date <b>NOV 1997</b>		Dealer's Name <b>VALLEY OLDS Pontiac</b>		Engine Size (CID/CC/L) <b>4.3L</b>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		City <b>Apple Valley</b> State <b>MN</b> Zip Code _____		No Cylinders <b>6</b>	
Transmission Type <input type="checkbox"/> Manual <input checked="" 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 checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input checked="" 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			
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
Component <b>021B9000</b>	Part Name(s) <b>SUSPENSION:INDEPENDENT FRONT TORSION BAR</b>		Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <b>1</b>	Date(s) of Failure(s) <b>5/29/00</b> Mileage at Failure(s) <b>111,000</b> Vehicle Speed at Failure(s) <b>Passing</b>		Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>NONE</b>	Number of Fatalities <b>NONE</b>	Estimated Property Damage <b>711.68</b>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
<b>WHEN ENTERING VEHICLE LEFT FRONT END DROPPED DUE TO TORSION BAR SNAPPING. DEALER SAID BOTH TORSION BARS NEEDED TO BE REPLACED. *AK</b> - Vehicle Dropped Directly to Tire Contact Unrestrained. Van had just been driven at 70mph on Freeway. Prior to Freeway Travel Van was driven on a 2 Lane highway for 80 miles. Passed twice. Had the torsion bar failed during either of these scenarios I would have without doubt lost control of the vehicle AT highway speed most likely death driven + passengers					
CONTINUE ON BACK IF NEEDED					
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