

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 252

Date Received

09-JUN-2000

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

Reference No.

863362

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
	PONTIAC TRUCK	TRANS SPORT	1997	

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 <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"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertial Bell <input type="checkbox"/> 2-Point Belt	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"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13410000	Part Name(s) STRUCTURE:DOOR ASSEMBLY:FRAME AND PANEL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 02-FEB-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available?   Yes   No	NHTSA Previously Contacted?   Yes   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 0	Number of Fatalities 0	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)

PASSENGER'S MIDDLE SIDE DOOR OPENS INTERMITTENTLY. CONSUMER TOOK VEHICLE TO THE DEALER. ALSO, DOOR RATTLES BECAUSE IT ISN'T LINED UP WITH THE PANEL. \*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.

**FOR AGENCY USE ONLY 252**

**RECEIVED**  
 Date Received: 00 JUL - 3 AM 9:38  
 Office: DEFECTS INVESTIGATION  
 Phone No.: 863362

**OWNER INFORMATION (Type or Print)**  
 613500  
 Work Number: [Redacted]

**U.S. Department of Transportation**  
 National Highway Traffic Safety Administration  
 DOT Auto Safety Hotline  
 1-888-DASH-2-DOT  
 1-888-327-4236  
 www.nhtsa.dot.gov/hotline

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

In the absence of a signature, the name and address of the vehicle manufacturer must be provided.  
 Signature: [Redacted] Date: 6/26/97

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) [Redacted] (Located at bottom of windshield on driver's side)  
 Vehicle Make: PONTIAC TRUCK  
 Vehicle Model: TRANS SPORT  
 Vehicle Year: 1997  
 Current Odometer Reading: 25072

Purchase Date: 4/15/97  
 New  Used

Dealer's Name: SUBURBAN (Autark Motor Group)  
 City: STAFFORD State: CT Zip Code: 06902

Engine Size (CID/CCL): 3.9L No Cylinders: 6  
 Turbo  Diesel  Gas  Fuel Injection

**TRANSMISSION TYPE**  
 Automatic  Manual

**RESTRAINT SYSTEM**  
 3-Point Belt  Motorized  Driver Side Airbag  Passenger Side Airbag

**DRIVE TRAIN**  
 Front  Rear  4-Wheel

**VEHICLE TYPE**  
 Car  Van  Microvan  Other  
 Sport UR  Truck  Motorcycle

**BODY STYLE**  
 2-Door  4-Door  Station Wagon  Pick Up Truck  Other

**FAILED COMPONENT(S) INFORMATION**

Component: 13410000  
 Part Name(s): STRUCTURE: DOOR ASSEMBLY: FRAME AND PANEL  
 Location: [Redacted] Front  Left  Right  Rear  Failed Part(s): Original  Replacement

No. of Failures: All the time  
 Date(s) of Failure(s): 02-FEB-2000  
 Mileage at Failure(s): 23400  
 Vehicle Speed at Failure(s): 0

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  
 File:  Yes  No  
 Number of Persons Injured: 0  
 Number of Fatalities: 0  
 Estimated Property Damage: [Redacted]  
 Reported to Police:  Yes  No

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

PASSENGER'S MIDDLE SIDE DOOR OPENS INTERMITTENTLY. CONSUMER TOOK VEHICLE TO THE DEALER. ALSO, DOOR RATTLES BECAUSE IT ISN'T LINED UP WITH THE PANEL. AK

Four sliding door opens and closes all by itself. Dealer has adjusted door so that there is "1/4" to "1/2" gap between passenger door and sliding door. Sliding door still rattles. This "gap" is there. FYI to the opening and closing problem. STILL UNRESOLVED AS OF 6/20/97.

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COMPLETE ON BACK IF NEEDED