

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

14-JUN-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

863597

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
2GTEC19R7T1512920	GMC	SIERRA	1996	

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 type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inflator <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 <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER: MOTOR	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) 01-JUL-1999 Mileage at Failure(s) 01727 Vehicle Speed at Failure(s) 0	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)

WINDSHIELD WIPERS WORK INTERMITTENTLY. "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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FOR AGENCY USE ONLY 252

Date Received: 00 JUL 10 AM 10:51
14 JUN 2000
OFFICE: _____
DEFECTS INVESTIGATION Reference No. _____

Reference No. 863597

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of _____ provide your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 7/11/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (located at bottom of windshield on driver's side) 2GTEC19R7T1512920 Vehicle Make GMC Vehicle Model SIERRA Vehicle Year 1996 Current Odometer Reading 104657

Purchase Date 5-31-99 Dealer's Name Leith Buick Pontiac GMC Truck Inc Engine Size (CID/GAL) 5.7L Turbo Diesel Gas Fuel Injection
 New Used City Wendell State NC Zip Code 27591 No Cylinders 6

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000 Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures 0 MANY Date(s) of Failure(s) 01-JUL-1999 & roadway Mileage at Failure(s) 47800s - 51727 Vehicle Speed at Failure(s) 0 - 70 mph 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 _____ Reported to Police Yes No

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

WINDSHIELD WIPERS WORK INTERMITTENTLY. *AK Sometimes they will work and then they stopped. Hit a bump slam the hood or wiggle the wiring harness or wiper motor they would start working again next bump they would quit. The dealer said it was common problem and a recall was issued for exact problem but my VIN wasn't covered. I bought to replace module and haven't had a problem since.

CONTINUE ON BACK IF NEEDED

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LEITH BUICK - PONTIAC - GMC TRUCK, INC.

DBA AUTOMARKET 2000

5030 ROLESVILLE ROAD

WENDELL, NORTH CAROLINA 27591

(919) 365-5768 (800) 467-6137



ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
NO RETURNS AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.

DATE ENTERED 12 JUN 00	YOUR ORDER NO.	DATE SHIPPED 12 JUN 00	INVOICE DATE 12 JUN 00	INVOICE NUMBER 13739
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SOLD TO CASH ACCOUNT NO. 99999 SHIP TO PAGE 1 OF 1

SHIP VIA			SLSM	B.L. NO.	TERMS	F.O.B. POINT		
			25		CASH	WENDELL, NC		
QTY	UNIT	EQ	PART NO.	DESCRIPTION	LIST	NET	AMOUNT	
1	1	0	12463017	MODULE	65.53	35.29	35.29	
THANK YOU FOR YOUR PURCHASE PARTS DEPARTMENT HOURS ARE MONDAY - FRIDAY 7:30AM TO 6:00PM PLEASE COME AGAIN OR CALL US AT 919-365-5768 OR 800-467-6137					PARTS		35.29	
CUSTOMER'S SIGNATURE X					SUBLET			
					FREIGHT		0.00	
					SALES TAX		2.12	
					TOTAL		\$37.41	

Thank You For Your Business!

DISCLAIMER OF WARRANTIES

Any warranties on the product sold hereby are those made by the manufacturer. The seller hereby expressly disclaims all warranties, either express or implied, including any implied warranty of merchantability or fitness for a particular purpose, and the seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of said products.

CUSTOMER COPY

Mitchell Prime
919-365-5768