

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

333

Date Received

03-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

864683

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
1GTGK29J3XF056165	GMC	K2500	1999	

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 checked="" type="checkbox"/> Yes <input 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"/> Inflator <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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
Q3250000 Q1100000	BRAKES:HYDRAULIC/ANTI-SKID SYSTEM STEERING:WHEEL AND COLUMN	<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 5	Date(s) of Failure(s) 01-JUL-1999 Mileage at Failure(s) 16000 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	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 DRIVING ON LOCAL ROADS APPLIED BRAKES AND HEARD SQUEALING NOISE. CONTACTED DEALER AND WAS TOLD VEHICLE NEEDED NEW BRAKES. THEY WERE NOT UNDER WARRANTY. LATER, WHILE DRIVING DOWN THE ROAD, SLOWED DOWN TO MAKE A TURN, AND STEERING WHEEL WOULD NOT TURN. ALSO, THERE WAS NOISE IN THE STEERING COLUMN. VEHICLE HAS BEEN AT DEALER'S 5 TIMES FOR BOTH, BRAKE AND STEERING REPAIRS. *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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OWNER INFORMATION (Type or Print)		617919		Date Received 03 JUL 19 PM 2:22 03-JUL-2000 OFFICE DEFECTS INVESTIGATION	Od_or rt_d od_rt up_ltr Reference No. 864683		
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 7/14/00			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GTGK29J3XF056765		Vehicle Make GMC	Vehicle Model K2500	Vehicle Year 1999	Current Odometer Reading APPROX 23000		
Purchase Date 4-99	Dealer's Name COURT BUICK, PONTIAC GMC 6315 E. AUTO PARK DR. City MESA State AZ Zip Code 85206		Engine Size (CID/CC/L) No Cylinders 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" 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 UR <input type="checkbox"/> Van <input checked="" 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 03250000 01100000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM STEERING:WHEEL AND COLUMN		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 5	Date(s) of Failure(s) 01-JUL-1999 Mileage at Failure(s) 16000 Vehicle Speed at Failure(s)		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <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		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
<p>WHILE DRIVING ON LOCAL ROADS APPLIED BRAKES AND HEARD SQUEALING NOISE. CONTACTED DEALER AND WAS TOLD VEHICLE NEEDED NEW BRAKES. THEY WERE NOT UNDER WARRANTY. LATER, WHILE DRIVING DOWN THE ROAD, SLOWED DOWN TO MAKE A TURN, AND STEERING WHEEL WOULD NOT TURN. ALSO, THERE WAS NOISE IN THE STEERING COLUMN. VEHICLE HAS BEEN AT DEALER'S 5 TIMES FOR BOTH, BRAKE AND STEERING REPAIRS. *AK AFTER BRAKES WERE REPAIRED THEY KEPT PULLING TO ONE SIDE OR THE OTHER. THEY ARE STILL NOT RIGHT, AND THE STEERING IS STILL NOT RIGHT. THE TRUCK IS A SAFETY HAZARD, NO OF TIMES IN SHOP - 5TIMES FOR BRAKES, 5TIMES STEERING, 4TIMES FOR OTHER PROBLEMS, ALL IN LESS THAN A YEAR</p>							
CONTINUE ON BACK IF NEEDED							
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06/24/2000
10:50:19

SUMMARY HISTORY DISPLAY

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CUSTOMER NAME [REDACTED] SERIAL NO. 1GTGK29J3XF056165
TOTAL R/O'S 9 TOTAL SERV. DAYS 25 MAKE GC, GMC

LN#	RO. NO.	RO. DATE.	MILES.	ADV/TECH	J#	T	OPERATION CODE.	DESCRIPTION.....
1	17944	05/19/2000	20886	A	55			
				T	437	1	W 09GCZ	BRAKES
				T	437	2	W 03GCZ	STEERING
2	17141	04/27/2000	20383	A	541			
				T	148	1	W 09GCZ	BRAKES
3	15713	03/25/2000	20435	A	390			
				T	674	1	W 09GCZ	BRAKES
				T	674	2	W 47GCZRENTAL	RENTAL
4	15186	03/13/2000	19567	A	390			
				T	674	1	W 09GCZ	BRAKES
				T	437	2	W 03GCZ	STEERING
				T	437	3	W 03GCZZ	STEERING
5	13939	02/14/2000	18433	A	390			
				T	674	1	C 09GCZ	BRAKES
				T	437	2	W 03GCZ	STEERING
				T	674	3	C 14GCZ	ENGINE TUNE LINE
				T	437	4	C 05GCZ	ALIGNMENT
				T	674	5	W 14GCZZPERF	PERFORMANCE TEST
6	9481	10/23/1999	12906	A	390			
				T	437	1	C 05GCZALFW	ALIGN FRONT WHEEL
				T	437	2	C 01GCZRWH	ROTATE WHEELS
				T	437	3	C 04GCZ	WHEELS AND TIRES
				T	437	4	C 01GCZ19COUPON	\$24.95 LOF SPECI
				T	633			
				T	437	1	W 24GCZ	AIR CONDITIONING
				T	632			
8	5557	07/09/1999	5797	A	632			
				T	299	1	W 16GCZ	DRIVEABILITY COM
9	5686	07/06/1999	5536	A	632			
				T	299	1	W 16GCZ	DRIVEABILITY COM
				T	299	2	W 16GCZZ	DRIVEABILITY

THE TRUCK HAS ALSO BEEN IN THE SHOP IN JUNE 24 2000
FOR STEERING PROBLEMS