



U.S. Department
of Transportation

National 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 436

Data Received

10-JUL-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

865091

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 driver's side)</small>	Vehicle Make GMC	Vehicle Model C1500	Vehicle Year 1997	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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <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 Ult. Truck <input type="checkbox"/> Motorcycle	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 01000000	Part Name(s) STEERING	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
No. of Failures	Date(s) of Failure(s) <u>10-JUL-2000</u> 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

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)

CONSUMER HAS PROBLEM WITH STEERING. THE VEHICLE WILL MOMENTARILY LOSE STEERING CONTROL ONLY WHEN TURNING TO THE RIGHT. THE VEHICLE WILL JERK & SOMETIMES WANDER INTO ANOTHER LANE OR OFF THE SHOULDER OF THE ROAD. THE DEALER HAS BEEN TRYING TO REMEDY THE PROBLEM.

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.



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FOR AGENCY USE ONLY 436

Date Received: 10-JUL-2000
Time Received: AM 11:33
OFFICE: DEFACTS INVESTIGATION

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Reference No.
865091

Work Number _____
Home Number _____

Do you authorize NHTSA to share your report to the manufacturer of your vehicle?
in the absence of an [Redacted] NOT provide your name and address to the vehicle manufacturer.
Signature of Owner: [Redacted] Date: 7/2/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 2GPEC19R5V1552013
Vehicle Make GMC Vehicle Model C1500 Vehicle Year 1997 Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____
 New Used City _____ State _____ Zip Code _____
Engine Size (CID/CCA) 5.0 Turbo Diesel Gas Fuel Injection
No Cylinders 8

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

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000008 Part Name(s) SUSPENSION Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures _____ Date(s) of Failure(s) 10-JUL-2000 Mileage at Failure(s) _____ 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 _____ Number of Fatalities _____
Estimated Property Damage _____ Reported to Police Yes No

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

VEHICLE WILL MOMENTARILY LOSE CONTROL ONLY WHEN TURNING TO THE RIGHT. VEHICLE WILL JERK & SOMETIMES WANDER INTO ANOTHER LANE OR OFF THE SHOULDER OF THE ROAD. DEALER HAS BEEN TRYING TO REMEDY THE PROBLEM.*AK

CONTINUE ON BACK IF NEEDED

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