

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

118

Date Received

11-JUL-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

865194

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
1GKEK13R3VJ745069	GMC	YUKON	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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Inlulubell <input checked="" 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 <input type="checkbox"/> 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 checked="" type="checkbox"/> Other
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## FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08100000 08000000	Part Name(s) ELECTRICAL SYSTEM: BATTERY ELECTRICAL SYSTEM	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	Date(s) of Failure(s) 03-MAR-2000	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 45000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

## 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)

EA0013, BATTERY LEAKS ACID; WHILE DRIVING WOULD LOSE POWER. THE ELECTRICAL SYSTEM WOULD CUT OFF. TRUCK WAS TAKEN TO A DEALERSHIP. IT WAS NOTED THAT THE BATTERY WAS CRACKED AND LEAKING. BATTERY WAS REPLACED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.\*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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>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</p>		<p><b>FOR AGENCY USE ONLY</b> 118</p> <p>Date Received <b>RECEIVED</b> 11-JUL-2000 OFFICE DEFECTS INVESTIGATION</p> <p>Od. or Est. Od. or Up. to Mileage</p> <p>865194</p>	
<p><b>OWNER INFORMATION (Type or Print)</b></p> <p>[Redacted]</p>					
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorized signature, NHTSA will use your name and address to the vehicle manufacturer.</p> <p>Signature of Owner [Redacted] Date <u>3/7/00</u></p>					
<b>VEHICLE INFORMATION</b>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)</p> <p>1GKEK13R3VJ745069</p>		<p>Vehicle Make</p> <p>GMC</p>	<p>Vehicle Model</p> <p>YUKON</p>	<p>Vehicle Year</p> <p>1997</p>	<p>Current Odometer Reading</p> <p>53,547</p>
<p>Purchase Date <u>5/12/97</u> <u>lease</u></p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name <u>New Cars, Inc</u></p> <p>City <u>San Diego</u> State <u>CA</u> Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders <u>8</u></p> <p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p> <p><input checked="" type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>
					<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <u>SWV</u></p>
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>					
<p>Component</p> <p>00100000 08000000</p>	<p>Part Name(s)</p> <p>ELECTRICAL SYSTEM: BATTERY ELECTRICAL SYSTEM</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p>	<p>Date(s) of Failure(s) <u>03-MAR-2000</u></p> <p>Mileage at Failure(s) <u>45000</u></p> <p>Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) Available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<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)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>					
<p>EA0013, BATTERY LEAKS ACID; WHILE DRIVING WOULD LOSE POWER. THE ELECTRICAL SYSTEM WOULD CUT OFF. TRUCK WAS TAKEN TO A DEALERSHIP. IT WAS NOTED THAT THE BATTERY WAS CRACKED AND LEAKING. BATTERY WAS REPLACED AT OWNER'S EXPENSE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK</p>					
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<p>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.</p>					