

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

117

Date Received

14-JUL-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

865450

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 on vehicle's belt)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKEK13RXVJ750110	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 checked="" 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 checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inertia Belt <input type="checkbox"/> 2-Point Belt	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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 checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05150000 08310000	Part Name(s) ENGINE:OTHER PARTS ELECTRICAL SYSTEM:WIRING:HARNES:FRONT:UNDERHOOD	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) 07-MAY-2000 Mileage at Failure(s) 40 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input 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)

WIFE WAS DRIVING VEHICLE WHEN STARTED TO SMELL SOMETHING BURNING. PARKED & LEFT THE VEHICLE & IT CAUGHT FIRE NEAR THE FUEL TANK AREA. PRIOR TO IT CATCHING ON FIRE, IT WAS STALLING OUT SEVERAL TIMES A DAY. TOWED TO MECHANIC & CAUSE OF FIRE OR STALLING WAS NOT LOCATED.*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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WIFE WAS DRIVING VEHICLE WHEN STARTED TO SMELL SOMETHING BURNING. PARKED & LEFT THE VEHICLE & IT CAUGHT FIRE NEAR THE FUEL TANK AREA. PRIOR TO IT CATCHING ON FIRE, IT WAS STALLING OUT SEVERAL TIMES A DAY. TOWED TO MECHANIC & CAUSE OF FIRE OR STALLING WAS NOT LOCATED. AK

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	0	Number of Fatalities	0	Estimated Property Damage	\$3,000	Reported to Police	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	07-MAY-2000	Mileage at Failure(s)	40	Vehicle Speed at Failure(s)	40 mph	Failed Part(s) Available?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Component	08150000	08310000	Pat Name(s)	for dump and gas tank	Location	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s)	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System	<input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passenger-side Airbag <input type="checkbox"/> Other	Crash 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 checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	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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Purchase Date	5-97	Dealer's Name	Williams (out of business)	City	Drav	State	IA	Zip Code	7	Engine Size (CID/CIL)	350	No Cylinders	8	Fuel Injection	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Vehicle Ident. No. (VIN)	10EK13RXVJ750110	Vehicle Make	GMC	Vehicle Model	YUKON	Vehicle Year	1997	Current Odometer Reading	44,000
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VEHICLE INFORMATION

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

Signature of Owner: [Redacted]

Date: 7/20/2000

Home Number: [Redacted]

Work Number: [Redacted]

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FOR AGENCY USE ONLY 117

Date Received: 08 AUG -2 AM 11:18

Office: 12 JUL 2000

Reference No.: 865450

Effects Investigation

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

I talked to GM several times about the situation, knowing that they have had problems with fuel pumps on their vehicles, and they admitted so. But they felt no responsibility to take care of the problem. My insurance and I had to pay. NOT FAIR! I'm just glad my wife and four year old daughter got out alive. Regardless, we lease this vehicle and we are stuck with it for one more year, and the bad thing is, the lessor has no legal responsibility for the vehicle. This is BULLSHIT. They should pay for anything out of warranty, and supply us with another vehicle, NOT my insurance. They own the vehicle - NOT ME. Something also must be done to correct the leasing responsibilities. The lessor should pay for license, repairs, and like matters, not the consumer. ENOUGH SAID. Please look into this matter.

U.S. G.P.O.: 1992-622-877/6008

U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W. Washington, D.C. 20590

Official Business Penalty for Private Use \$300



NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation National Highway Traffic Safety Administration Information Management Staff NSA-10.01 400 7th Street, SW Washington, DC 20590

