

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**

231

Date Received

**02-AUG-2000**

Od\_or \_\_\_\_\_

rt\_dt \_\_\_\_\_

od\_rt \_\_\_\_\_

up\_ltr \_\_\_\_\_

Reference No.

**866567**

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.) _____<br><small>(located at front of vehicle or on driver's side)</small> | Vehicle Make<br><b>GMC</b> | Vehicle Model<br><b>SUBURBAN</b> | Vehicle Year<br><b>1995</b> | Current Odometer Reading |
|-----------------------------------------------------------------------------------------------------|----------------------------|----------------------------------|-----------------------------|--------------------------|

|                                                                       |                                       |                     |                                         |
|-----------------------------------------------------------------------|---------------------------------------|---------------------|-----------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size _____   | <input type="checkbox"/> Turbo          |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | City _____ State _____ Zip Code _____ | (CID/CCL _____)     | <input type="checkbox"/> Diesel         |
|                                                                       |                                       | No. Cylinders _____ | <input type="checkbox"/> Gas            |
|                                                                       |                                       |                     | <input type="checkbox"/> Fuel Injection |

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic | Antilock Brakes<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | Body Style<br><input type="checkbox"/> Sport Vlt<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**FAILED COMPONENT(S)/PART(S) INFORMATION**

|                              |                                                   |                                                                                                                                                |                                                                                             |
|------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>08100000</b> | Part Name(s)<br><b>ELECTRICAL SYSTEM: BATTERY</b> | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                 |                                                                                               |                                         |                                           |
|-----------------|-----------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| No. of Failures | Dates of Failure(s) _____<br>Mileage at Failure(s) _____<br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br>  Yes   No | NHTSA Previously Contacted?<br>  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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-------------------------------------------------------------------------------------------|

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

**WHILE VEHICLE WAS AT DEALER FOR SERVICE DEALER NOTICED A BATTERY LEAK, CAUSING LOSS OF POWER. PLEASE PROVIDE 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                              |                                                                                                                   | <b>FOR AGENCY USE ONLY 231</b><br>Date Received <u>02 SEP 28 AM 11:00</u><br><u>02-AUG-2000</u><br>OFFICE OF DEFECTS INVESTIGATION<br>Od_or _____<br>rt_dt _____<br>od_rt _____<br>up_ltr _____<br>Reference No. <u>866567</u><br>Work Number _____<br>Home Number _____           |                                                                                                                                                                                                                             |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] <u>624374</u><br>[Redacted] <u>NC</u> <u>28210</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |
| 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<br>In the absence of authorization, NHTSA will not include your name and address to the vehicle manufacturer.<br>Signature of Owner [Redacted] Date <u>8/18/00</u>                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                   | Vehicle Make <u>GMC</u>                                                                                                                                                                                                                                                            | Vehicle Model <u>SUBURBAN</u>                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | Vehicle Year <u>1995</u>                                                                                                                                                                                                                                                           | Current Odometer Reading _____                                                                                                                                                                                              |
| Purchase Date _____<br><input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Dealer's Name <u>Liberty Pontiac + GMC</u><br>City <u>Matthews</u> State <u>NC</u> Zip Code <u>28205</u>          |                                                                                                                                                                                                                                                                                    | Engine Size (CID/CC/L) _____<br>No Cylinders _____<br><input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection                          |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                         | Restraint System<br><input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt                                            | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                    |
| Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                   | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input checked="" type="checkbox"/> Sport Utl<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other <u>SUV</u> |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |
| Component <u>08100000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Part Name(s) <u>ELECTRICAL SYSTEM: BATTERY</u>                                                                    | Location<br><input type="checkbox"/> Left<br><input type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear                                                                                                                                     | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                                                                                                                 |
| No of Failures <u>1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date(s) of Failure(s) <u>12/10/98</u><br>Mileage at Failure(s) <u>16,200</u><br>Vehicle Speed at Failure(s) _____ | Failed Part(s) Available?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                   | NHTSA Previously Contacted?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                          |
| <b>APPLICATION INCIDENT INFORMATION</b><br>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |
| Crash<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       | Number of Persons Injured <u>0</u>                                                                                                                                                                                                                                                 | Number of Fatalities <u>0</u>                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                   | Estimated Property Damage <u>63480</u>                                                                                                                                                                                                                                             | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                   |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b><br>WHILE VEHICLE WAS AT DEALER FOR SERVICE DEALER NOTICED A BATTERY LEAK, CAUSING LOSS OF POWER. PLEASE PROVIDE 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 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. |                                                                                                                   |                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                             |



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

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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

**BUSINESS REPLY MAIL**

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



☆ U.S. GPO: 1982-623-887/60086

Was told this problem has occurred in  
many 94-96 Suburbans. The battery  
acid leaked destroying cables + tray it  
sits in. Would like to be advised  
if recall is issued to be reimbursed  
for the \$634<sup>00</sup> as spent to correct  
defect.

Thank you



|                                                                                                                                                                                                                     |   |   |      |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|------|--|--|--|--|--|--|
| 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. *                                                                                                                                                                                           |   |   |      |  |  |  |  |  |  |
| 0                                                                                                                                                                                                                   | 0 | 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)                                                                                                                                                                                   |   |   |      |  |  |  |  |  |  |

1-800 601084133

|                    |                                                 |                     |                           |                          |
|--------------------|-------------------------------------------------|---------------------|---------------------------|--------------------------|
| INVOICE NO.<br>978 | ADVISOR<br>KEM ALNONO                           | CARD NO.<br>635     | INVOICE DATE<br>12/10/98  | INVOICE NO.<br>GDCS20514 |
|                    | LICENSE NO.                                     | MILEAGE IN<br>61200 | COLOR<br>GREEN/           | STOCK NO.                |
|                    | YEAR / MAKE / MODEL<br>95 / GMC / SUBURBAN / 45 |                     | DELIVERY DATE<br>06/29/98 | DELIVERY MILES<br>51504  |
|                    | VEHICLE ID NO.<br>36KEC16K6SB506740             |                     | SELLING DEALER NO.        | PRODUCTION DATE          |
|                    | P.O. NO.                                        |                     | R.D. DATE<br>11/24/98     |                          |
|                    |                                                 |                     |                           | MILEAGE OUT<br>RD: 61200 |

JOB 1 19PNZ

NO START COND  
BATTERY DEAD  
BATTERY FAILED, CABLES NEED REPLACING, ALSO TRAY  
REPLACE BATTERY, BATTERY TRAY, CABLES, BATTERY HOLD DOWN

TECH(S):125

172.50

| PARTS  | QTY | FP-NUMBER | DESCRIPTION    | UNIT PRICE |
|--------|-----|-----------|----------------|------------|
| UB # 1 | 1   | 19001632  | 78-6YR BATT    | 105.00     |
| OR # 1 | 1   | 12157435  | CABLE 2.342    | 87.11      |
| OB # 1 | 1   | 12157093  | CABLE 2.342    | 50.26      |
| OB # 1 | 1   | 15531060  | TRAY ASM 2.333 | 88.76      |
| OB # 1 | 1   | 14005061  | RETAINER 2.335 | 3.74       |

JOB # 1 TOTAL PARTS

JOB # 1 TOTAL LABOR & PARTS

105.00  
87.11  
50.26  
88.76  
3.74  
334.87  
507.37  
634.80

JOB 2 21PNZ/MS

TRANSMISSION  
CUSTOMER STATES TRANSMISSION MAKING GRINDING SOUNDS  
CUST HAS AMERICARE POLICY  
TRANSMISSION INTERNAL FAILURE-REPLACE TRANSMISSION AND  
NEUTRAL SAFETY SWITCH AND SWITCH CONNECTORS  
REPLACE TRANS AND NEUTRAL SAFETY SWITCH AND CONNECTORS

TECH(S):114

| PARTS   | QTY | FP-NUMBER | DESCRIPTION     | UNIT PRICE |
|---------|-----|-----------|-----------------|------------|
| JOB # 2 | 1   | 24203897  | TRANS REM 4.003 | 1736.00    |
| JOB # 2 | 1   | 12450016  | SWITCH AS 4.054 | 67.34      |
| JOB # 2 | -1  | 24203897  | CORE RETURN     | 350.00     |
| JOB # 2 | 1   | 15305925  | CONNECTOR 4.054 | 48.08      |
| JOB # 2 | 1   | 15305887  | CONNECTOR 4.054 | 67.19      |

JOB # 2 TOTAL PARTS

JOB # 2 TOTAL LABOR & PARTS

1736.00  
67.34  
-350.00  
48.08  
67.19  
1568.61  
2203.41

JOB 3 57PNZ/HR

MIRRORS  
CUSTOMER REQUEST REINSTALL REAR VIEW MIRROR  
MIRROR FELL OFF GLASS  
CLEAN AND REGLOE SUPPORT TO GLASS

TECH(S):125

| PARTS   | QTY | FP-NUMBER | DESCRIPTION    | UNIT PRICE |
|---------|-----|-----------|----------------|------------|
| JOB # 3 | 1   | 1052369   | ADHESIVE 8.800 | 11.22      |

JOB # 3 TOTAL PARTS

JOB # 3 TOTAL LABOR & PARTS

11.22  
11.22  
31.97

JOB 4 28PNZ

A/C SYSTEM  
CUSTOMER REQUEST REPLACE MISSING KNOB ON REAR A/C CONTROLL  
KNOB MISSING  
REPLACE MISSING KNOB

TECH(S):125

| PARTS   | QTY | FP-NUMBER | DESCRIPTION    | UNIT PRICE |
|---------|-----|-----------|----------------|------------|
| JOB # 4 | 1   | 9354237   | KNOB, HR 9.278 | 10.73      |

JOB # 4 TOTAL PARTS

JOB # 4 TOTAL LABOR & PARTS

10.73  
10.73  
31.4

JOB 5 01PN/003K

3000 MILE SERVICE  
PERFORM 3000 MILE SERVICE, CHANGE OIL AND FILTER, LUBRICATE  
CHASSIS, TOP FLUIDS, CHECK TIRE PRESSURES.  
MAINTENANCE  
PERFORM 3,000 MILE SERVICE

TECH(S):125

9028 E. Independence Blvd.  
Crown Point  
Matthews, NC 28105

Goodwrench  
Service  
Center

**LIBERTY**

PONTIAC - GMC TRUCK, INC.

Goodwrench  
Service  
Center

Telephone (704) 708-3000  
www.libertypontiac.com

SEE REVERSE SIDE FOR IMPORTANT WARRANTY INFORMATION  
(CONTINUED ON NEXT PAGE)

141597