

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****252**

Date Received

11-AUG-2000

Od_or _____

rt_dt _____

od_rt _____

up_ltr _____

Reference No.

867606

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) _____ (located at front of windshield or driver's side)	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1995	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size _____ (CID/CC/L)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
☐ New ☒ Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☐ Sport Vlt ☐ Truck ☐ Motorcycle ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 10312000	Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR	Location ☐ Left ☐ Front ☐ Right ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures 0	Dates of Failure(s) 01-AUG-1999 Mileage at Failure(s) 70600 Vehicle Speed at Failure(s) 0	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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WINDSHIELD WIPER WORKS INTERMITTENTLY. CONSUMER TOOK VEHICLE TO DEALERSHIP, AND THE MECHANIC TOLD HIM THAT THIS VEHICLE WAS NOT INCLUDED IN RECALL DUE TO VIN. *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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11-AUG-2000OFFICE
DEFECTS INVESTIGATIONOid_or
od_it
up_itr

Reference No.

867606

OWNER INFORMATION (Type or Print)

Work Number

Home Number

Do you authorize NHTSA to provide a report of your vehicle?
in the absence of an☒ YES ☐ NO

Signature of Owner

Name and address to the vehicle manufacturer.

Date 8/23/2000

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GTEC19K9S1555379	GMC	SIERRA	1995	71,000

Purchase Date July 1995	Dealer's Name King Automall	Engine Size (CID/CO/L) 5.7	☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
☒ New ☐ Used	City Ft. Lauderdale State FL Zip Code 33304	No Cylinders 8	

Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☒ Yes ☐ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☒ Yes ☐ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Van ☐ Minivan ☐ Other	Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

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No of Failures 0 SEVERAL TIMES	Date(s) of Failure(s) 01-AUG-1999 Mileage at Failure(s) 70000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? ☐ Yes ☐ No	NHTSA Previously Contacted? ☐ Yes ☐ 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)

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