

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

30-AUG-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

869110

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
2GPEK19R1V1527242	GMC	Z-71	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag <input type="checkbox"/> Inert Inert <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 Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC/ANTI-SKID 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
No. of Failures	Date(s) of Failure(s) 25-AUG-2000 Mileage at Failure(s) 28600 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 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)

ABS BRAKE PROBLEMS: WHEN APPLYING THE BRAKES, THE BRAKES GRAB, THEN SLIP, THE PEDAL JERKS DOWN AND YOU HAVE A SITUATION OF NOT BEING IN CONTROL. THIS HAPPENS AT SLOW SPEED. IT APPEARS THAT THE TRUCK WILL STOP IN PLENTY OF TIME BUT DOES NOT. THE TRUCK WAS TAKEN TO THE DEALERSHIP FOR THIS PROBLEM. THE RIGHT HUB WAS REPLACED. PLEASE LIST DETAILS OF ANOTHER INCIDENT.

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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National Highway Traffic Safety Administration

FOR AGENCY USE ONLY 118

DATE RECEIVED
30-AUG-2000
3:56 PM
OFFICE INVESTIGATION
869110

Reference No. 869110

632083

Work Number

Do you authorize the manufacturer of your vehicle to provide your name and address to the vehicle manufacturer in the absence of a signature of owner? YES NO

Date 9/18/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located in bottom of windshield on driver's side) 2GPEK19R1V1527242	Vehicle Mfg. GMC	Vehicle Model Z-71	Vehicle Year 1997	Current Odometer Reading 28,000
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Dealer's Name GMC	City/State Albany NY	Zip Code 13021	Engine Size (CID/CC/L) 8	No. Cylinders 8	Fuel System <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injectio
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type Car <input type="checkbox"/> Van <input type="checkbox"/> Other <input type="checkbox"/> Truck <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
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Component 0326000	Part Name(s) BRAKES:HYDRAULIC:ANTI-LOCK SYSTEM	Location Both Front	Failed Part(s) Left <input type="checkbox"/> Right <input type="checkbox"/> Both Front <input checked="" type="checkbox"/>	Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/>
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No of Failures	Date(s) of Failure(s) 25-AUG-2000	Milage at Failure(s) 28500	Vehicle Speed at Failure(s) 19,800	Failed Part(s) Left 19 Aug 1999 F-RT	NHTSA Previously <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), and injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalite	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

ABS BRAKE PROBLEMS: WHEN APPLYING BRAKES THEY GRAB, THEN SLIP, AND PEDAL JERKS DOWN. CONSUMER HAS A SITUATION OF NOT BEING IN CONTROL. THIS HAPPENS AT SLOW SPEED. IT APPEARS THAT TRUCK WILL STOP IN PLENTY OF TIME, BUT DOES NOT. TRUCK WAS TAKEN TO THE DEALERSHIP FOR THIS PROBLEM. RIGHT HUB WAS REPLACED. PLEASE LIST DETAILS OF ANOTHER INCIDENT. AK
* Same happened 19 Aug '99 at 19,800 miles and Left Hub required complete RT Brake replacements

ABS Interlock sensor fails - in wheel hub - not wear related

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