

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

08-SEP-2000

Od\_or

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up\_ltr

Reference No.

869783

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 | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GDFG15R9T1024438                                                                             | GMC          | SAVANA        | 1996         |                          |

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

|                                                                                            |                                                                                           |                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 type="checkbox"/> Other |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                       |                                                                                               |                                                                                                                                                |                                                                                             |
|-----------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>07300000 | Part Name(s)<br>POWER TRAIN: TRANSMISSION: AUTOMATIC                                          | 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) 13-MAY-1999<br>Mileage at Failure(s) 87000<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)

SHE SAID THAT THE CHECK ENGINE LIGHT CAME ON AND STAY ON FOR THREE DAYS. AND THEN SHE WOULD GET THAT HARD SHIFT OF GEAR SHIFTING. AND THEN SHE TOOK IT TO THE DEALERSHIP TO BE FLUSHED OUT. THE CONSUMER IS CONCERNED AT 40,000 MILE SHE HAD SEVERE PROBLEM.

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><b>NATIONWIDE 1-888-DASH-2-DOT</b><br><b>1-888-327-4236</b><br><b>www.nhtsa.dot.gov/hotline</b>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                          | <b>FOR AGENCY USE ONLY</b> 252<br><b>Date Received</b><br><b>06 SEP 2000</b><br><b>OFFICE</b><br><b>DEFECTS INVESTIGATION</b>                                                                                                                                                                                      |                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OWNER INFORMATION (Type or Print)</b><br><div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> <b>635200</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                          | <b>Reference No.</b><br><b>869783</b>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                |
| <b>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?</b><br><b>in the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</b><br><b>Signature of Owner</b> <div style="background-color: black; width: 300px; height: 20px; display: inline-block;"></div> <b>Date</b> <u>9/25/00</u>                                                                                                                                                                                                      |                                                                                                                                          | <b>Work Number</b><br><b>Home No.</b> <div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div>                                                                                                                                                                              |                                                                                                                                                                                                                                                                |
| VEHICLE INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
| <b>Vehicle Ident. No. (VIN)</b> (located at bottom of windshield on driver's side)<br><b>1GDFG15R8T1024438</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Vehicle Make</b><br><b>GMC</b>                                                                                                        | <b>Vehicle Model</b><br><b>SAVANA</b>                                                                                                                                                                                                                                                                              | <b>Vehicle Year</b><br><b>1996</b>                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | <b>Current Odometer Reading</b><br><b>68,454</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                |
| <b>Purchase Date</b><br><u>3/97</u><br><input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Used</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Dealer's Name</b> <u>Steel City GMC</u><br><b>City</b> <u>Birmingham</u> <b>State</b> <u>AL</u> <b>Zip Code</b> <u>35233</u>          |                                                                                                                                                                                                                                                                                                                    | <b>Engine Size (CID/CC/L)</b> <u>5.7L</u><br><b>No. Cylinders</b> _____<br><input type="checkbox"/> <b>Turbo</b><br><input type="checkbox"/> <b>Diesel</b><br><input checked="" type="checkbox"/> <b>Gas</b><br><input type="checkbox"/> <b>Fuel Injection</b> |
| <b>Transmission Type</b><br><input type="checkbox"/> <b>Manual</b><br><input type="checkbox"/> <b>Automatic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Antilock Brakes</b><br><input checked="" type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b>                           | <b>Restraint System</b><br><input checked="" type="checkbox"/> <b>3-Point Belt</b><br><input type="checkbox"/> <b>Motorbelt</b><br><input checked="" type="checkbox"/> <b>Driverside Airbag</b><br><input type="checkbox"/> <b>2-Point Belt</b><br><input checked="" type="checkbox"/> <b>Passengerside Airbag</b> | <b>Cruise Control</b><br><input checked="" type="checkbox"/> <b>Yes</b><br><input type="checkbox"/> <b>No</b>                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | <b>Drive Train</b><br><input type="checkbox"/> <b>Front</b><br><input checked="" type="checkbox"/> <b>Rear</b><br><input type="checkbox"/> <b>4-Wheel</b>                                                                                                                                                          | <b>Vehicle Type</b><br><input type="checkbox"/> <b>Car</b><br><input type="checkbox"/> <b>Van</b><br><input type="checkbox"/> <b>Minivan</b><br><input type="checkbox"/> <b>Other</b>                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | <input type="checkbox"/> <b>Sport Utility Truck</b><br><input type="checkbox"/> <b>Motorcycle</b>                                                                                                                                                                                                                  | <b>Body Style</b><br><input type="checkbox"/> <b>2-Door</b><br><input type="checkbox"/> <b>4-Door</b><br><input type="checkbox"/> <b>Stationwagon</b><br><input type="checkbox"/> <b>Pick Up</b><br><input checked="" type="checkbox"/> <b>Truck</b>           |
| FAILED COMPONENT(S)/PART(S) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
| <b>Component</b><br><b>07300000</b><br><b>12430000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Part Name(s)</b><br><b>POWER TRAIN:TRANSMISSION:AUTOMATIC</b><br><b>INTERIOR SYSTEMS:INSTRUMENT PANEL:SPEEDOMETER:ODO</b>             |                                                                                                                                                                                                                                                                                                                    | <b>Location</b><br><input type="checkbox"/> <b>Left</b><br><input type="checkbox"/> <b>Right</b><br><input type="checkbox"/> <b>Front</b><br><input type="checkbox"/> <b>Rear</b>                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | <b>Failed Part(s)</b><br><input checked="" type="checkbox"/> <b>Original</b><br><input type="checkbox"/> <b>Replacement</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |
| <b>No. of Failures</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date(s) of Failure(s)</b> <u>13-MAY-1999</u><br><b>Mileage at Failure(s)</b> <u>67000</u><br><b>Vehicle Speed at Failure(s)</b> _____ | <b>Failed Part(s)</b><br><input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                         | <b>NHTSA Previously</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                                                   |
| APPLICATION INCIDENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
| <b>Crash</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Fire</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                         | <b>Number of Persons Injured</b> _____                                                                                                                                                                                                                                                                             | <b>Number of Fatalities</b> _____                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          | <b>Estimated Property Damage</b> _____                                                                                                                                                                                                                                                                             | <b>Reported to Police</b><br><input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>                                                                                                                                                 |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
| <p>ENGINECHECK LIGHT CAME ON AND STAYED ON FOR THREE DAYS. THEN IT WAS HARD TO SHIFT OF GEAR. SHE TOOK VEHICLE TO THE DEALERSHIP TO BE FLUSHED OUT. CONSUMER WAS CONCERNED THAT AT 40,000 MILES SHE HAD SEVERE SHIFTING PROBLEM.*AK</p> <p>5/13/99 AT 40,276 mi. showed code # P1870: possible valve stuck in valve body. Dealer did not replace valve. VAN only 2yrs. and old.</p> <p>8/00 RUST, intrans. fluid, metal filings. WAS there a leak in seal allowing coolant to leak into trans. fluid P.P.</p> <p>8/00 GMC paid 1/2 to replace transmission.</p>                     |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
| CONTINUE ON BACK IF NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                          |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                |
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