



U.S. Department of Transportation

National 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 156

Data Received 04-OCT-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No. 872236	

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>(Listed at front of windshield or drivers side)</small> 2GTEC19RV1541104	Vehicle Make GMC	Vehicle Model C1500	Vehicle Year 1997	Current Odometer Reading
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Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 01242000	Part Name(s) STEERING:4 WHEEL STEERING:FRONT SENSOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures	Date(s) of Failure(s) 15-SEP-2000 Mileage at Failure(s) 62 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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)

DUE TO A MALFUNCTION IN STEERING ASSIST SENSOR, STEERING OPERATED SOFTLY AND TURNED MORE OVER WHICH MAY CAUSE CRASH. COMMON PROBLEM. DEALER WAS AWARE OF PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

CONTINUED ON BACK (156) (11)

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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2 style="margin: 0;">Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 156</p> <p>Date Received: <u>NOV 13 2000</u> 04-OCT-2000 OFFICE OF DEFECTS INVESTIGATION</p> <p>Od_or _____ rt_dt _____ hd_rt _____ up_itr _____</p> <p>Reference No. 872236</p> <p>Work Number _____ Home Number _____</p>
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OWNER INFORMATION (Type or Print)	
[Redacted] 644149	[Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner: [Redacted] Date: 10/25/00

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2GTEC19RV1541104	Vehicle Make GMC	Vehicle Model C1600	Vehicle Year 1997	Current Odometer Reading 64025	
Purchase Date 6-11-97	Dealer's Name FOWLER Buick-GMC		Engine Size (CID/CC/L) 5.7L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City JACKSON State MS Zip Code 39		No Cylinders 8		
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" 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 Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 01242009	Part Name(s) STEERING: 4 WHEEL STEERING: FRONT SENSOR	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 15-SEP-2000 Mileage at Failure(s) 62 Vehicle Speed at Failure(s) VARIABLES	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

DUE TO A MALFUNCTION IN STEERING ASSIST SENSOR, STEERING OPERATED SOFTLY AND TURNED MORE OVER WHICH MAY CAUSE CRASH. COMMON PROBLEM. DEALER WAS AWARE OF PROBLEM. PLEASE PROVIDE FURTHER INFORMATION.*AK

THE PROBLEM CAUSES THE STEERING TO RANDOMLY REACT IN DIFFERENT WAYS. SOMETIMES IT FEELS NORMAL AND ALL OF THE SUDEN WHILE MAKING A TURN OR NEGOTIATING A CURVE AT FULL SPEED THE STEERING FEELS AS IF IT GOES AWAY. THE DRIVERS REACTION IS TO

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.



Office of Defects Investigation Recall Database

Call the **Auto Safety Hotline** toll free at (888) 327-4236 to report safety defects or to obtain information on cars, trucks, child seats, highway or traffic safety.

Report Date: October 25, 2000 11:56:09 AM

NHTSA CAMPAIGN ID Number: 97V037000

Component: INTERIOR SYSTEMS:SEATS
 Manufacturer: GENERAL MOTORS CORP.
 Mfg. Campaign #: 97008
 Year: 1997
 Make: GMC
 Model: C15
 Potential Number of Units Affected: 624433
 Manufactured From: MAR 1996 To: NOV 1996
 Year of Recall: '97
 Type of Report: Vehicle
 Summary:

RECEIVED
 00 NOV -9 AM 7:09
 DEFECTS INVESTIGATION

Vehicle Description: Extended cab and 2-door utility vehicles equipped with reclining seats and the Easy-Entry feature. These vehicles exhibit a condition in which a pinch point exists in the recliner mechanism that can trap and pinch a person's hand or finger(s) when the Easy-Entry feature is activated.

This pinching can cut the hand or possibly sever the finger(s) without prior warning.

Dealers will install a protector cover over the recliner mechanism.

Owner Notification: Owner notification is expected to begin during March 1997.

NOTE: Owners who take their vehicles to an authorized dealer on an agreed upon service date and do not receive the free remedy within a reasonable time should contact Chevrolet at 1-800-222-1020 or GMC at 1-800-462-8782. Also contact the National Highway Traffic Safety Administration's Auto Safety Hotline at 1-800-424-9393.

NHTSA CAMPAIGN ID Number: 97V176000

Component: INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS
 Manufacturer: GENERAL MOTORS CORP.
 Mfg. Campaign #: 97052
 Year: 1997
 Make: GMC
 Model: C15
 Potential Number of Units Affected: 6418
 Manufactured From: JUL 1997 To: JUL 1997
 Year of Recall: '97