

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 335

Date Received

16-OCT-2000

Od_or	_____
rt_dt	_____
od_rt	_____
up_ltr	_____

Reference No.

873031

Work Number

Home Number 518-781-4744

OWNER INFORMATION (Type or Print)

GRACE	SANDSTEDT	646914
38 QUEECHY SHORES		
CANAAN	NY	12029

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>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GDSG15R9V1103529	GMC	VANDURA SERIE	1997	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06136000 06135000	Par. Name(s) FUEL:FUEL PUMP FUEL:FUEL FILTER LINE	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 0	Date(s) of Failure(s) 05-OCT-1999 Mileage at Failure(s) 25367 Vehicle Speed at Failure(s) 2	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 0	Number of Fatalities 0	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)

WHILE RIDING AT 75 MPH AND VEHICLE WOULD STALL AND NOT TAKE GAS. TOOK TO DEALER AND THEY REPLACED FUEL FILTER AND FUEL PUMP 11000 MILES LATER THE SAME PROBLEM

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Vehicle Owner's Questionnaire (VOQ)
 RECEIVED
 13 NOV 13 10:11:15
 GRIFFIN INVESTIGATION
 Reference No. 873031
 Work Number [REDACTED]
 Home No. [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of [REDACTED] name and address to the vehicle manufacturer.
 Signature of Owner [REDACTED]
 Date 11/1/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) [REDACTED] (located at bottom of windshield or driver's side)

Vehicle Make GMC Vehicle Model VANDURA SERIE Vehicle Year 1997 Current Odometer Reading 38059

Purchase Date 8-28-1997 Dealer's Name SOUTH GATE MOTORS, INC. City PITTSFIELD State MA Zip Code 01201

Engine Size (CID/CC) 5 No Cylinders Turbo Diesel Gas Fuel Injection

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Motorbelt Driver's Airbag 2-Point Belt Passenger's Airbag
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Van Minivan Other Station Wagon Truck Motorcycle
 Body Style 2-Door 4-Door Station Wagon Pick Up Truck Other Other Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08138000 FUEL:FUEL PUMP Part Name(s) FUEL:FUEL FILTER LINE Location Front Left Rear Right

Failed Part(s) Original Replacement

No of Failures 2
 Date(s) of Failure(s) 05-OCT-1998 Mileage at Failure(s) 26367 Vehicle Speed at Failure(s) 65-75
 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

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

WHILE RIDING AT 75 MPH AND VEHICLE WOULD STALL AND NOT TAKE GAS. TOOK TO DEALER AND THEY REPLACED FUEL FILTER AND FUEL PUMP. 11000 MILES LATER, THE SAME PROBLEM REOCCURRED. *AK

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.

CONTINUE ON BACK IF NEEDED