

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 294

Date Received

06-NOV-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

874476

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GTEC19R9V1538672	GMC	SIERRA	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 type="checkbox"/> New <input checked="" 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 type="checkbox"/> Yes <input checked="" 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. Truck <input type="checkbox"/> Motorcycle	<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 _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) 17 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

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)

INTERMITTENTLY WHEN MAKING A RIGHT TURN VEHICLE PULLS. DEALER HAS INSPECTED VEHICLE, AND HAS NOT BEEN ABLE TO DUPLICATE OR CORRECT THE PROBLEM.*AK

CONTINUED ON BACK PLEASE

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.

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 284 Date Received _____ RECEIVED 05 NOV 2000 5:53 OFFICE OF CIVIL INVESTIGATION	
Od_or _____ rt_dt _____ od_rt _____ up_jlr _____		Reference No. 874476	
OWNER INFORMATION (Type or Print)			
[Redacted]		653731	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of your signature, the name and address to the vehicle manufacturer.		Signature of Owner _____ Date <u>11/17/2000</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2GTEC19R9V1538672	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1997
Current Odometer Reading _____		Purchase Date _____	
Dealer's Name <u>HORNE MOTOR CO.</u> City <u>Globe</u> State <u>AZ</u> Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders <u>8</u>	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input 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"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other <u>3-Door</u>			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02600000	Part Name(s) SUSPENSION	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) _____ Mileage at Failure(s) <u>17</u> 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 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)			
INTERMITTENTLY WHEN MAKING A RIGHT TURN VEHICLE PULLS. DEALER HAS INSPECTED VEHICLE, AND HAS NOT BEEN ABLE TO DUPLICATE OR CORRECT THE PROBLEM.*AK When making a right hand turn or curve, the steering feels like it has a dead spot while pressure is to the right. IT does NOT do it all the time, just when it decides to. I haven't had any problems to the left.			
CONTINUATION BACKUP NEEDED			
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