



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 335

Date Received

20-DEC-2000

Od\_or  
r\_dt  
od\_rt  
up\_ltr

Reference No.

876795

OWNER INFORMATION (Type or Print)

Work Number

Home N

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.) (Located at bottom of windshield on driver's side) | Vehicle Make  | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GMDU23E6YD127506                                                            | PONTIAC TRUCK | MONTANA       | 2000         |                          |

|                                                                       |                                       |                              |                                                                                                                                           |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Purchase Date                                                         | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Inject |
| <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<br><input type="checkbox"/> Automatic | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <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 Bel | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Ult<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<br><input checked="" type="checkbox"/> Truck |

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

|                       |                                            |                                                                                                                                          |                                                                                             |
|-----------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br>08500000 | Part Name(s)<br>ELECTRICAL SYSTEM:IGNITION | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
|-----------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                 |                                                                                                 |                                                                            |                                                                              |
|-----------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------|
| No. of Failures | Date(s) of Failure(s) 25-SEP-2000<br>Mileage at Failure(s) 13000<br>Vehicle Speed at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | NHTSA Previously<br><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<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)

WHEN REACHING SPEEDS OF 55 MPH VEHICLE WILL DIE. CONSUMER FEELS THIS IS UNSAFE.\*AK

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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OFFICE  
DEFECTS INVESTIGATIONOd. or  
r. dt  
od. ft  
up. fr

Reference No.

876795

## OWNER INFORMATION (Type or Print)

662578

Work Number

Home Num

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

Signature of Owner

Date 1/24/01

## VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of  
windshield on driver's side)

1GMDU23E6YD127506

Vehicle Make

PONTIAC TRUCK

Vehicle Model

MONTANA

Vehicle Year

2000

Current Odometer Reading

15,500

Purchase Date

1/99

☒ New ☐ Used

Dealer's Name

Andy Mohr

City

Noblesville

State

IN

Zip Code

46060

Engine Size  
(CID/CC/L)

No Cylinders

☐ Turbo  
☐ Diesel  
☐ Gas  
☐ Fuel Injection

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☐ Yes☒ No

Restraint System

☐ 3-Point Belt☒ Driverside Airbag☐ Passengerside Airbag☐ Motorbelt☐ 2-Point Belt

Cruise Control

☒ Yes☒ No

Drive Train

☐ Front☐ Rear☐ 4-Wheel

Vehicle Type

☐ Car☒ Van☐ Other☐ Sport Utl☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☐ Pick Up Truck☒ Other

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

Component

08880000

Part Name(s)

ELECTRICAL SYSTEM:IGNITION

Location

☐ Left☐ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No of Failures

Date(s) of Failure(s) 25-SEP-2000

Mileage at Failure(s) 13000

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

☐ Yes☒ No

Fire

☐ Yes☒ No

Number of Persons Injured

Number of Fatalities

Estimated Property Damage

Reported to Police

☐ Yes☒ No

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

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UNSAFE.\*AK

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.\*

D O T

MANUFACTURER/TIRE NAME

SIZE

\* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Andy Mohr has repaired a harness located under the driver's side. There was a space in the connector that was a little larger than the rest and would work over and cause my car to die. I was shown this harness at Andy Mohr's and you could see dark spots around that space in the connector. They had to drop the fuel pump down to repair this. They have done this since I contacted you. They found 2 other vans with similar problems. I hope this fixes my problem. I have not driven it long enough to be sure yet.

☆ U.S. G.P.O.: 1982-623-887/6008

U.S. Department  
of Transportation  
National Highway  
Traffic Safety  
Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300

**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

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National Highway Traffic Safety Administration  
Information Management Staff NSA-10.01  
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Washington, DC 20590

NO POSTAGE  
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UNITED STATES

