

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Received 02-JAN-2001 Reference No. 877241	
OWNER INFORMATION (Type or Print) <div style="background-color: black; width: 400px; height: 40px; display: inline-block;"></div> 663802		Work Number <div style="background-color: black; width: 100px; height: 15px; display: inline-block;"></div> Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> 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) ADD	Vehicle Mak GMC	Vehicle Mode SONOMA	Vehicle Year 2001
Purchase Date		Dealer's Name _____	Engine Siz (CID/CC/L) _____
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		City _____ State _____ Zip Code _____	No Cylinders _____
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Cruise Contro <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input 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	Body Style <input type="checkbox"/> Sport Utl <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 <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 31 DEC-2000	Mileage at Failure(s) 1000	Vehicle Speed at Failure(s) 35
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalite
		Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
HIT A TREE AT 35 MPH, AIRBAGS DEPLOYED AND THEN SHORTED OUT AND BURNED VEHICLE TO THE GROUND. *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 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.			



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 758

Date Received
02 JAN 2001

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ed DT7
up_itr

SAFETY DEFECTS INVESTIGATION

Reference No.
877241

OWNER INFORMATION (Type or Print)

[Redacted]

6638DZ

Work Number
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO (BARBARA)

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date 1/22/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) ADD 1GTCT19W41810465	Vehicle Make GMC	Vehicle Model SONOMA	Vehicle Year 2001	Current Odometer Reading 1,004
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Purchase Date 12-27-2000	Dealer's Name LEMAU PONTIAC/GMC/BUICK	Engine Size (CID/CC/L) 4.3 L	<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 KENOSHA State WI Zp Code 53142	No Cylinders V6	

Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" 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 checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA	Location <input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failures 1	Date(s) of Failure(s) 31-DEC-2000	Mileage at Failure(s) 1000	Vehicle Speed at Failure(s) 35	Failed Part(s) Available? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damage	Reported to Police <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HIT A TREE AT 35 MPH, AIRBAGS DEPLOYED AND THEN SHORTED OUT AND BURNED VEHICLE TO THE GROUND. *AK

ON COUNTY ROAD, PROCEEDED TO STOP AND HIT PATCH OF ICE; BACK END OF TRUCK WENT TO THE RIGHT PUSHING FRONT INTO TREE ON LEFT SIDE OF ROAD. HEARD "BANG" AND BOTH AIRBAGS DEPLOYED - THEN SPARKS OCCURRED

CONTINUE ON BACK IF NEEDED

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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)

BURSTING INTO FLAMES AT DRIVERS SIDE FIREWALL. DRIVER AND 2 PASSENGERS HAD TO KICK DOORS OPEN TO EXIT BURNING TRUCK. THEY ATTEMPTED TO THROW SAND (HAD SAND BAGS IN TRUCK BED) ON THE FIRE, BUT COULDN'T PUT IT OUT. WHEN FIRE TRUCK ARRIVED, THE FIRE WAS AT THE GAS TANK/BED. FIREMAN HAD DIFFICULTY PUTTING THE FIRE OUT DUE TO A 6" PIECE OF MAGNESIUM WHICH WAS CONTINUING TO BURN (WAS FOUND AT THE STEERING WHEEL/FIREWALL). DRIVERS LEFT KNEE WAS BRUISED + LEFT SIDE OF NECK HAD PULLED MUSCLES. DRIVER (ERICK) WAS EMOTIONALLY DISTRAUGHT AS HE WATCHED HIS TRUCK BURN TO THE GROUND RIGHT BEFORE HIS EYES. ALSO ON JAN. 2, 2001, WE NOTIFIED GMC TRUCK OF THIS INCIDENT. WE WERE TOLD THEY WOULD INVESTIGATE, BUT TO DATE (Jan 22, 2001) AND (20) DAYS LATER—NOTHING HAS BEEN DONE.

U.S. G.P.O. 1992-629-887/6008

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



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U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
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Washington, DC 20590

