

 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		<b>FOR AGENCY USE ONLY</b> 241		
<b>OWNER INFORMATION (Type or Print)</b> <div style="background-color: black; width: 100%; height: 20px;"></div>		Date Received 04-JAN-2001		Ord_or _____ rt_dt _____ od_rt _____ up_itr _____		
Signature of Owner _____		Date ____/____/____		Reference No. 877436		
<b>VEHICLE INFORMATION</b>						
Vehicle Ident. No. (VIN.) (Located at bottom of windshield or driver's side) <b>PLEASE FILL IN</b>		Vehicle Mak <b>GMC</b>	Vehicle Mode <b>SIERRA</b>	Vehicle Year <b>1996</b>	Current Odometer Reading	
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 _____	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> 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 <input type="checkbox"/> Truck
<b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>						
Component 06315000	Part Name(s) <b>FUEL:FUEL INJECTION:UNKNOWN TYPE:REGULATOR</b>		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) 15-JUL-2000 Mileage at Failure(s) 45000 Vehicle Speed at Failure(s) _____		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>APPLICATION INCIDENT INFORMATION</b> (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 Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>						
<b>VEHICLE EXPERIENCING PROBLEM WITH ENGINE STALLING. VEHICLE TAKEN TO DEALER SHOP AND INFORMED CONSUMER THAT PROBLEM WAS DUE TO A DIESEL INJECTOR PUMP FAILURE. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK</b>						
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.						



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

DOT Auto Safety Hotline

**Vehicle Owner's Questionnaire (VOQ)**

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1-888-327-4236  
www.nhtsa.dot.gov/hotline

**FOR AGENCY USE ONLY 241**

Date Received 04 JAN 2001  
OFFICE DEFECTS INVEST

Oil or  
rt dt  
ed:n  
up:tr

Reference No.  
**877436**

**OWNER INFORMATION (Type or Print)**

664330

Work Number

Home Number

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 1/16/01

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <b>1GT GK 29 F3 TE 513 505</b> PLEASE FILL IN	Vehicle Make <b>GMC</b>	Vehicle Model <b>SIERRA 2500</b>	Vehicle Year <b>1996</b>	Current Odometer Reading <b>52063</b>
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Purchase Date <u>12-29-95</u>	Dealer's Name <u>LEE AUTO MALL 1-207-764-5441</u>	Engine Size (CID/CC/L) <u>6.5L</u>	<input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injection
<input checked="" type="checkbox"/> New	City <u>AUBURN</u> State <u>ME</u> Zip Code <u>04210</u>	No Cylinders <u>6</u>	

Transmission Type <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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 Ult <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 <b>08316000</b>	Part Name(s) <b>FUEL:FUEL INJECTION:UNKNOWN TYPE:REGULATOR</b>	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 checked="" type="checkbox"/> Replacement
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No of Failures <b>ON THE ROAD 4-TIMES</b>	Date(s) of Failure(s) <u>15-JUL-2000</u> Mileage at Failure(s) <u>50,000</u> Vehicle Speed at Failure(s) <u>0-15 25-35 60-65 ETC</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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	Flu <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <b>0 - BUT COULD HAVE BEEN</b>	Number of Fatalities <b>0 - BUT COULD HAVE BEEN</b>	Estimated Property Damage <b>0 - BUT COULD HAVE BEEN</b>	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)**

VEHICLE EXPERIENCING PROBLEM WITH ENGINE STALLING. VEHICLE TAKEN TO DEALER SHOP AND INFORMED CONSUMER THAT PROBLEM WAS DUE TO A DIESEL INJECTOR PUMP FAILURE. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. \*AK

TRUCK WOULD SHUT OFF AT NO CERTAIN SPEED. ONE TIME IT QFD IT WHILE PULLING A 8000LB TRAILER, WHEN MOTOR SHUTS OFF YOU LOOSE ELECTRICAL SYSTEM, POWER STEERING, POWER ASSISTED BRAKES ETC. WE WERE LUCKY THAT THERE WAS NO MAJOR ACCIDENT PULLING THAT TRAILOR AT 65 MPH IN TRAFFIC ON THE HIGHWAY!!!

CONTINUE ON BACK IF NEEDED

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**LEE AUTO MALL**  
**AUBURN**  
 Maine Turnpike Exit 12  
 777 Center Street • 783-2291

**LEE AUTO MALL**  
**WESTBROOK**  
 Maine Turnpike Exit 8  
 200 Main Street • 856-6685

**LEE TOYOTA**  
**OF TOPSHAM**  
 107 Main Street • 229-3358

- Chrysler
- Oldsmobile
- Plymouth
- Cadillac
- Dodge
- Aurora
- Jeep
- Dodge Truck
- Honda
- Nissan Truck
- Nissan
- GMC Truck
- Toyota



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**\* DELINQUENCY CHARGE OF 1 1/2% PER MONTH WILL BE CHARGED ON ANY BALANCE UNPAID AFTER 30 DAYS \***

CUSTOMER NO. 127 725	ADVISOR WELLY, ANNE	FINANCE 072	CONTACT DATE 07/22/00	CONTACT NO. 800 263 86
LABOR RATE	LICENSE NO.	MILEAGE IN 50000	DATE	STOCK NO.
YEAR/MAKE/MODEL 84 CHEVY 2S CYR2 LINDA 4DR			DELIVERY DATE	DELIVERY MILE
VEHICLE ID. NO. 1 6 1 G R 2 P C T I S 3 5 0 5			DELING DEALER NO.	PRODUCTION DATE
FIN. NO.	P.O. NO.		R.O. DATE 07/20/00	RELEASE DATE

**LABOR & PARTS**  
 IN 1 2501 Z

**DESCRIPTION** HOURS: 1.5 TO TOPSHAM WORKSHOP BY

CUSTOMER STATES VEHICLE WILL NOT DIE WHEN  
 DOWN ROAD AND WHEN STARTS BACK UP  
 FOUND THAT WHILE DRIVING DOWN ROAD TRUNK WOULD PARALLEL  
 STALL AND THEN RESTART AND TRUNK WOULD LOCK SHROTTLE  
 AND ENGINE WOULD SHUT OFF MULTIPLE TIMES AND ENGINE WOULD  
 MOUNTED BEFORE STARTING WITHOUT GETTING BY'S ASSISTANCE  
 DRIVER AND ROAD TESTED.

PARTS	QTY	FF NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
JOB # 1	1	23	DRYER KIT 3.000		
JOB # 1	1	23A	BASKET KIT 3.000		
JOB # 1	1	23A	BASKET KIT 3.000		
<b>JOB # 1 TOTAL LABOR &amp; PARTS</b>					<b>0.00</b>

**LABOR & PARTS**  
 IN 2 2401 Z

**DESCRIPTION** HOURS: 2.00 TO WESTBROOK 11/25 00

CUSTOMER STATES WIRING HARNESS BURNING BE STRAIGHT MARKETED  
 GMC CASE 00002000.  
 FOUND WIRING HARNESS WHERE IT PASSES THROUGH EXHAUST MANIFOLD  
 AND THE ENGINE WAS NOT WRAPPED IN HEAT TAPE AND WAS MELTED  
 ALL TOGETHER. DISCONNECTED HARNESS ENDS AND PULLED WIRING  
 OUT REPAIRED WIRING AND WRAPPED IN HEAT RESISTANT TAPE.

PARTS	QTY	FF NUMBER	DESCRIPTION	UNIT PRICE	TOTAL
JOB # 2	1	23	FACTORY DEDUCTIBLE GMC		
JOB # 2	1	23A	FACTORY DEDUCTIBLE CREDIT GMC		
<b>JOB # 2 TOTAL LABOR &amp; PARTS</b>					<b>0.00</b>

**TOTALS**

**TOTAL LABOR** 0.00  
**TOTAL PARTS** 0.00  
**TOTAL SUBST.** 0.00  
**TOTAL D.D.O.** 0.00  
**TOTAL** 0.00



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107 Main Street • 729-3358

- Chrysler
- Plymouth
- Dodge
- Jeep
- Honda
- Nissan
- Toyota
- Cadillac
- Aurora
- Dodge Truck
- Nissan Truck
- GMC Truck

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 \*\*\* LEE CLIMBELL PARCELLAG - GBL HONDA \*\*\*  
 \*\*\* 107 SPAYER STREET - 00000 \*\*\*  
 \*\*\* BRUNSWICK, MAINE 04210 \*\*\*  
 \*\*\* TELEPHONE 783-5441 \*\*\*  
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\* DELINQUENCY CHARGE OF 1 1/2% PER MONTH WILL BE CHARGED ON ANY BALANCE UNPAID AFTER 30 DAYS.

CUSTOMER NO. 07785	ADVISOR WALLY ANTONI	CARE NO. 7803	INVOICE DATE 07/14/00	INVOICE NO. BCUSA43064
	LABOR RATE 43.00	LICENSE NO.	COLOUR WHITE	STOCK NO.
	YEAR / MAKE / MODEL 96 / HONDA / CIVIC EX 4dr	MILEAGE IN 3011	DELIVERY DATE 12/22/98	DELIVERY MILES 1
	VEHICLE ID NO. 101GR29F3T52300		SELLING DEALER NO. NATIVE	PRODUCTION DATE
	ETC NO.	P.O. NO.	R.O. DATE 03/22/00	
				W/LEASE OUT

LABOR & PARTS  
 JW 1 290LZ DRIVEABILITY HOURS: 11.20 TECH(D): 16725 REXA  
 CUSTOMER STATES SES LIGHT BURN ON AND VEHICLE CRANKS A  
 LONG TIME BEFORE STARTING  
 FOUND CODES DTC P01, P04, P216, P217. FOUND VEHICLE  
 NOT RUNNING PROPERLY. PERFORMED DIAGNOSIS WORK SHEET AND  
 CALLED TAC WAS TOLD TO REPLACE INJ PUMP THAT OPTICAL SENSOR  
 WAS BAD INSTALLED NEW PUMP AND STARTED VEHICLE FOUND THAT  
 NO INJECTOR WAS NOT FEEDING FUEL FROM NEW PUMP CAUSING ENGIN  
 TO RUN POORLY CALLED TAC AND THEY HAD ME CHECK READING FROM  
 OPTICAL SENSOR THEN THEY ORDERED ANOTHER PUMP. INSTALLED NEW  
 PUMP AND VEHICLE RAN FINE.

WARRANTY

JOB #	QTY	PT NUMBER	DESCRIPTION	UNIT PRICE
JOB # 1	1	12501307	PUMP F/FIN 3,006	
JOB # 1	2	12501704	GASKET KI 3,270	
JOB # 1	1	10194002	GASKET-UP 3,270	
JOB # 1	1	10194002	SEPARATOR 3,090	
JOB # 1 TOTAL PARTS				0.00
JOB # 1 TOTAL LABOR & PARTS				0.00

WARRANTY  
 WARRANTY  
 WARRANTY  
 WARRANTY  
 0.00

COMMENTS  
 CUSTOMER REQUEST REIMBURSEMENT FOR 100.00 DEDUCTIBLE PAID  
 ON #0836386 07/20/00 FOR REPLACEMENT OF DRIVER.  
 REPAIRED IN ACCORDANCE WITH SPECIAL POLICY 00064.  
 DELETED OPERATION(S)  
 140LZ FUEL DELIVERY

TOTALS	TOTAL LABOR	0.00
	TOTAL PARTS	0.00
	TOTAL SUBLET	0.00
	TOTAL G.O.G.	0.00
	TOTAL MISC CHG	0.00
	TOTAL MISC DISC	0.00
	TOTAL TAX	0.00
	<b>TOTAL INVOICE \$</b>	<b>0.00</b>

THANKS FOR COMING IN  
 WE APPRECIATE YOUR PATRONAGE!

\*\*\*\*\*  
 \* SUMMER SPECIAL \*  
 \* HAND WASH AND MAX \*  
 \* ONLY \$19.95 WITH THIS COUPON! \*  
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# PONTIAC · GMC

Division of General Motors Corporation

G00084

September, 2000

Dear GMC Customer:

As the owner of a 1994-1998 GMC Sierra, Yukon, Suburban, Savanna or P model truck, equipped with a 6.5 liter diesel engine, your satisfaction with our product is very important to us. Your vehicle was provided with a new vehicle warranty, which covers certain parts of your vehicle for a specified period. These warranties are of considerable value to you if you should experience problems with your vehicle.

## Condition:

This letter is intended to make you aware that some 1994-1998 GMC Sierra, Yukon, Suburban, Savanna and P model trucks, equipped with a 6.5 liter diesel engine, may develop a failure of the electronic fuel injection pump.

## Action:

To address the above mentioned condition, General Motors is providing owners with special warranty coverage. If this condition occurs on your 1994-1998 GMC Sierra, Yukon, Suburban, Savanna or P model truck within eleven (11) years of the date your vehicle was originally placed in service or 120,000 miles (193,000 km), whichever occurs first, the condition will be repaired for you at no charge. Damage from poor quality or incorrect grade diesel fuel, and gasoline or water contamination, is not covered under the terms of the 6.5 L diesel warranty. This special policy applies **ONLY** to electronic diesel fuel injection pump repairs and/or replacement as a result of injection pump failure.

**This is not a recall campaign.** Do not take your vehicle to your GMC dealer as a result of this letter unless you believe that your vehicle has the condition as described above.

## Reimbursement:

(Statement for all states except as shown below)

If you have already paid for some or all of the cost to have the electronic diesel fuel injection pump repaired or replaced and the in-service time and mileage were less than eleven (11) years and 120,000 miles (193,000 km), you should contact your dealer to seek reimbursement. Please provide your dealer with your original paid receipts or invoices verifying the repair, the amount charged, proof of payment, the date of payment of

those charges, and proof of ownership of the vehicle at the time of the repair. Your request for reimbursement, including the information and documentation mentioned above, must be received by your dealer by September 30, 2001.

(Statement for California, Connecticut, Virginia, and Wisconsin)

If you have already paid for some or all of the cost to have the electronic diesel fuel injection pump repaired or replaced and the in-service time and mileage were less than eleven (11) years and 120,000 miles (193,000 km), you should write to Pontiac-GMC Division, P.O. Box 33172, Detroit, Michigan, 48232-5172 to seek reimbursement. Please provide your original paid receipts or invoices verifying the repair, the amount charged, proof of payment, the date of payment of those charges, and proof of ownership of the vehicle at the time of the repair. This information must be provided within two (2) years after the date on which you paid for the repair or by September 30, 2001, whichever is greater.

If the work was done by a Stanadyne dealer or other service establishment, other than a GM dealership, you may not be eligible for reimbursement. Your dealer will review the case with the General Motors representative for reimbursement consideration. The amount of reimbursement will generally be limited to the amount that the repair would have cost GM to have it completed by a GM dealership.

#### **Contacting Your Dealer:**

Repairs and adjustments qualifying under this special coverage must be performed by a GMC dealer. You may want to call the service department at the dealership to find out how long they will need to have your vehicle so that you may schedule the appointment at a time that is convenient for you. This will also allow your dealer to order parts if they are not already in stock. Keep this letter with your other important glovebox literature for future reference.

Should your dealer be unable to schedule a service date within a reasonable amount of time, or you have any questions regarding this special policy, please contact the GMC Customer Assistance Center at 1-800-462-8782. The deaf, hearing impaired, or speech impaired should call 1-800-462-8583 (utilizes Telecommunication Devices for the Deaf/Text Telephones, TDD/TTY).

We are sorry for any inconvenience you may experience; however we have taken this action in the interest of your continued satisfaction with our products.

Pontiac-GMC Division  
General Motors Corporation