



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 197

Date Received

22-JAN-2001

Od_or _____
R_dt _____
Pd_rt _____
Ip_ltr _____

Reference No.

878755

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>(Located at bottom of windshield on driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GTCS19W0Y8190092 | GMC | SONOMA | 2000 | |

| | | | |
|--|--|--|--|
| Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | Dealer's Name _____ City _____ State _____ Zip Code _____ | Engine Size (CID/CCL) _____ No. Cylinders _____ | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection |
|--|--|--|--|

| | | | | | | |
|--|---|--|--|--|--|---|
| Transmission Type <input type="checkbox"/> Manual <input 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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt | Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Drive Train <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 _____ <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle | Body Style <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 12340000 | Part Name(s) INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS | 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 0 | Date(s) of Failure(s) 22-JAN-2001 Mileage at Failure(s) 3500 Vehicle Speed at Failure(s) 0 | 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 0 | Number of Fatalities 0 | Estimated Property Damage | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|---------------------------|---|

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

PASSENGER'S SIDE SEAT WILL NOT LOCK IN PLACE WHEN STEPPING ON ACCELERATOR. SEAT WILL MOVE. CONSUMER WAS CONCERNED BECAUSE THERE WAS NO WAY TO HOLD SEAT DOWN.
*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.

| | | | |
|--|---|---|--|
| 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 197 | Date Received JAN 22 12 PM 3:11 22-JAN-2001 OFFICE OF VEHICLE SAFETY INVESTIGATION | Od_or _____ rt_dt _____ od_rt _____ up_lr _____ Reference No. 878755 |
| | OWNER INFORMATION (Type or Print) [Redacted] 668527 | | Work Number [Redacted] Home Number [Redacted] |

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 [Redacted] Date 2/4/01

| VEHICLE INFORMATION | | | | | |
|--|--|--|---|---|---|
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GTC519W0Y8190092 | Vehicle Make GMC | Vehicle Model SONOMA | Vehicle Year 2000 | Current Odometer Reading | |
| Purchase Date 9-26-00 | Dealer's Name Paradiso GMC | | Engine Size (CID/CCIL) V6 | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City Las Vegas | State CA | Zip Code 93635 | No Cylinders 6 | |
| 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 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 Ult <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other |
| 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 | | | | | |

| FAILED COMPONENT(S)/PART(S) INFORMATION | | | |
|---|---|---|--|
| Component 12310000 | Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS | 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 65 | Date(s) of Failure(s) 22 JAN 2001 9-26-00 12-10-00 | Mileage at Failure(s) 8500 | Vehicle Speed at Failure(s) 0 |
| 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 0 | Number of Fatalities 0 | Estimated Property Damage |
| | | | | Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

PASSENGER'S SIDE SEAT WILL NOT LOCK IN PLACE WHEN STEPPING ON ACCELERATOR. SEAT WILL MOVE. CONSUMER WAS CONCERNED BECAUSE THERE WAS NO WAY TO HOLD SEAT DOWN. *AK *Never got work orders*

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.