



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

137

Date Received

22-JAN-2001

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Reference No.

878760

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
1GTCS19W0Y8190092	GMC	SONOMA	2000	
Purchase Date ☐ New ☒ Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel
Vehicle Type ☐ Car ☐ Sport Util ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ 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? ☐ 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 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

FRONT END WAS MAKING NOISE, AND HAD BEEN TAKEN TWICE FOR ALIGNMENT TO REPAIR
PROBLEM, BUT HAD NOT BEEN CORRECTED. *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 <u>22-JAN-2001</u> Office <u>DEFECTS INVESTIGATION</u> Reference No. <u>678760</u> Work No. _____ Home Number _____	
OWNER INFORMATION (Type or Print) 668527			
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 <u>2/7/01</u>			
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 <u>9-26-00</u> ☒ New ☐ Used	Dealer's Name <u>Paradise GMC</u> City <u>Los Banos</u> State <u>CA</u> Zip Code <u>93635</u>		Engine Size (CID/CC/L) <u>V6</u> No. Cylinders <u>6</u> ☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection
Transmission Type ☐ Manual ☒ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	Cruise Control ☒ Yes ☐ No
Drive Train ☐ Front ☒ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport UTV ☐ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02100000	Part Name(s) SUSPENSION:INDEPENDENT FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures 2	Date(s) of Failure(s) <u>22-JAN-2001</u> Mileage at Failure(s) <u>8500</u> Vehicle Speed at Failure(s) <u>0</u>		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 0	Number of Fatalities 0
Estimated Property Damage _____		Reported to Police ☐ Yes ☒ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
FRONT-END WAS MAKING NOISE, AND HAD BEEN TAKEN TWICE FOR ALIGNMENT TO REPAIR PROBLEM, BUT HAD NOT BEEN CORRECTED. *AK <i>We never received copies of work orders</i>			

CONTINUE ON BACK IF NEEDED

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