



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.

878767

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 dashboard on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GTCS19W0Y9190092	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 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"/> 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 checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 07300000	Part Name(s) POWER TRAIN:TRANSMISSION:AUTOMATIC	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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRANSMISSION SOMETIMES WILL ACCELERATE WITHOUT A PRIOR WARNING, AND SOMETIMES WILL NOT WORK WHILE STEPPING ON FUEL PEDAL.*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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 197</p>
	<p>Date Received RECEIVED 22-JAN-2001</p> <p style="text-align: right;"> Ed_or _____ rt_dt _____ up_hr _____ up_min _____ </p> <p style="text-align: right;">Reference No. 878767</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>668527</p>	
<p>Work Number _____</p> <p>Home Number _____</p>	

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

In the absence of an authorized representative, provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date **2, 4, 01**

VEHICLE INFORMATION				
Vehicle Ident No. (VIN) (Located at bottom of windshield or driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTCS19W0Y8190092	GMC	SONOMA	2000	
Purchase Date 9-26-00	Dealer's Name Paradise GMC		Engine Size (CID/CC/L) V6	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Los Banos State CA Zip Code 93635	No Cylinders 6	<input type="checkbox"/> Diesel	<input checked="" type="checkbox"/> Gas
<input checked="" type="checkbox"/> Fuel Injection	Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Motorbelt	<input checked="" type="checkbox"/> Yes
<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Driverside Airbag	<input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> Passengerside Airbag		
				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"/> Van
				<input type="checkbox"/> Minivan
				<input type="checkbox"/> Other
				<input type="checkbox"/> Sport Ut
				<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

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
07300000	POWER TRAIN:TRANSMISSION:AUTOMATIC	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 2	Date(s) of Failure(s) 22-JAN-2001	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 6500	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) 0		

APPLICATION INCIDENT INFORMATION				
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)				
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0	
				Reported to Police
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

TRANSMISSION SOMETIMES WILL ACCELERATE WITHOUT A PRIOR WARNING, AND SOMETIMES WILL NOT WORK WHILE STEPPING ON FUEL PEDAL. *AK

because we shot off the truck & it didn't record the problem. Sterling GMC found that the main belt that holds the transmission down was not properly tightened. therefore doing some kind of damage. Never gave work orders.

CONTINUE ON BACK IF NEEDED

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