



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

294

Date Received

24-JAN-2001

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ip\_ltr

Reference No.

878916

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) _____<br><small>(Located at bottom of dashboard on driver's side)</small> | Vehicle Make<br><b>GMC</b> | Vehicle Model<br><b>SONOMA</b> | Vehicle Year<br><b>1997</b> | Current Odometer Reading |
|----------------------------------------------------------------------------------------------------|----------------------------|--------------------------------|-----------------------------|--------------------------|

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

## FAILED COMPONENT(S)/PART(S) INFORMATION

|                              |                                                                                         |                                                                                                                                          |                                                                                             |
|------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Component<br><b>03250000</b> | Part Name(s)<br><b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</b>                                | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part(s)<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No. of Failures              | Date(s) of Failure(s)<br>Mileage at Failure(s) <b>60</b><br>Vehicle Speed at Failure(s) | Failed Part(s) Available?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                    | NHTSA Previously Contacted?<br><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<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fire<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police<br><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------------------|

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

**WHEN MAKING A TURN VEHICLE WILL LOSE BRAKING POWER DUE TO THE WIRE COMING FROM ABS COMPUTER AND RUNNING TO FRONT DISC BRAKES, CAUSED BRAKE FAILURE. \*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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>U.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4238<br>www.nhtsa.dot.gov/hotline                                                                                                                                                                                                                                              |                                                                                                                                                    | <b>FOR AGENCY USE ONLY</b> 284<br>Date Received: <u>24-JAN-2001</u><br>21 FEB - 5 AM '01<br>EFFECTS INVESTIG                                                                                                                                                  |                                                                                                                                                                                                                  |
| OWNER INFORMATION (Type or Print)<br><div style="background-color: black; width: 400px; height: 40px; margin-bottom: 5px;"></div> <div style="float: right; text-align: right;">669434</div>                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    | Od or _____<br>r dt _____<br>od n _____<br>up lr _____<br>Reference No. 878916<br>Work Num _____<br>Home Num _____                                                                                                                                            |                                                                                                                                                                                                                  |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.<br>Signature of Owner: _____ Date: <u>1/30/01</u>                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| <b>VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)<br><u>1G1CS 1947 VK 5222 66</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    | Vehicle Make<br><u>GMC</u>                                                                                                                                                                                                                                    | Vehicle Model<br><u>SONOMA</u>                                                                                                                                                                                   |
| Vehicle Year<br><u>1997</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    | Current Odometer Reading<br><u>60692</u>                                                                                                                                                                                                                      |                                                                                                                                                                                                                  |
| Purchase Date<br><u>12/10/97</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dealer's Name <u>Preston Ford</u><br>City <u>Preston</u> State <u>MO</u> Zip Code <u>64655</u>                                                     |                                                                                                                                                                                                                                                               | Engine Size (CID/CC/L) _____<br>No Cylinders <u>4</u>                                                                                                                                                            |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injection       |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No                                                          | Restraint System<br><input checked="" type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> 2-Point Belt<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No                                                                                                                         |
| Drive Train<br><input type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle Type<br><input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other | <input type="checkbox"/> Sport Utl<br><input checked="" type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle                                                                                                                                        | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| Component<br><u>03250000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Name(s)<br><u>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM</u>                                                                                           |                                                                                                                                                                                                                                                               | Location<br><input checked="" type="checkbox"/> Left <input type="checkbox"/> Right<br><input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear                                                   |
| No of Failures<br><u>116 - 117</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date(s) of Failure(s) _____<br>Mileage at Failure(s) <u>60</u><br>Vehicle Speed at Failure(s) <u>5 miles an hour</u>                               |                                                                                                                                                                                                                                                               | Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fire<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                        | Number of Persons Injured _____                                                                                                                                                                                                                               | Number of Fatalities _____                                                                                                                                                                                       |
| Estimated Property Damage _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                    | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                     |                                                                                                                                                                                                                  |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| <p><b>WHEN MAKING A TURN VEHICLE WILL LOSE BRAKING POWER DUE TO THE WIRE COMING FROM ABS COMPUTER AND RUNNING TO FRONT DISC BRAKES, CAUSED BRAKE FAILURE. *AK</b></p>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |
| 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. |                                                                                                                                                    |                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                  |