Form Approved: OMB No. 2127-0001

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	920
Date Received: 01-MAR-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
	Reference No.: 881867

[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 _____ **Date**____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GKDM19W5X833338	GMC	SAFARI	1999	

Purchase Dat		Engine Size (CID/CC/L ____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☐ Yes ☒ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☒ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☐ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
06400000	FUEL:THROTTLE LINKAGES AND CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	19-FEB-2001 29000		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☒ Yes ☐ No	☐ Yes ☒ No	3			☐ Yes ☒ No

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

CONSUMER'S WIFE WAS DRIVING VEHICLE, WHILE SITTING IN TRAFFIC ON AN INCLINE, VEHICLE ACCELERATED SUDDENLY, HITTING VEHICLE IN FRONT, INJURING 3 PEOPLE). WIFE WAS STANDING ON BRAKE PEDAL TO BRING VEHICLE TO A STOP. VEHICLE WAS GOING TO BE EXAMINED DURING COMING WEEKS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.*AK

CONTINUE ON A SEPARATE SHEET

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.

Form Approved. O.M.B. No. 2127-0008

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 920

Date Received
01-MAR-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No.
881867

OWNER INFORMATION (Type or Print)

[redacted] 677742

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 a [redacted] name and address to the vehicle manufacturer.
Signature of Owner [redacted] Date 11/28/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKDM19W5X833338	GMC	SAFARI	1999	36,664

Purchase Date: 9-23-2000
☐ New ☒ Used
Dealer's Name: HERB GORDON
City: SILVER SPRING State: MD Zip Code:
Engine Size (C.D./C.C./L.): No. Cylinders: 6
☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☐ Yes ☒ No	☒ 3-Point Belt ☒ Driverside Airbag ☒ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☒ Rear ☐ 4-Wheel	☐ Car ☒ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL:THROTTLE LINKAGES AND CONTROL CRUISE CONTROL	☐ Left ☐ Right ☐ Front ☐ Rear	☒ Original ☐ Replacement

No. of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
2	19-FEB-200' / 29000 / STOPPED	☒ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	3	0	OURS $900 OTHER $20,000	☒ Yes ☒ No

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

CONSUMER'S WIFE WAS DRIVING VEHICLE, WHILE SITTING IN TRAFFIC ON AN INCLINE, VEHICLE ACCELERATED SUDDENLY, HITTING VEHICLE IN FRONT, INJURING 3 PEOPLE). WIFE WAS STANDING ON BRAKE PEDAL TO BRING VEHICLE TO A STOP. VEHICLE WAS GOING TO BE EXAMINED DURING COMING WEEKS. PLEASE PROVIDE ANY ADDITIONAL INFORMATION.*AK

ANOTHER ACCIDENT OCURED 8-26-2001 HUSBAND STOPPED AND VEHICLE ACCELERATED AGAIN 2 PEOPLE HURT. INSURANCE CO. FEELS CRUISE CONTROL CAUSED BOTH ACCIDENTS

CONTINUE ON BACK IF NEEDED

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TIRE IDENTIFICATION NO.*		
D O T	MANUFACTURER/TIRE NAME	SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

HAVE CONTACTED GMC AND THEY FOUND NOTHING HERB GORDON FOUND NO PROBLEM WITH CRUISE CONTROL DRIVING LATER FOUND CRUISE CONTROL ON WITHOUT DRIVER TURNING IT ON. HAD CRUISE CONTROL DISCONNECTED BY HERB GORDON NO OTHER PROBLEMS SINCE [redacted] CONNECTION.

☆ U.S.G.P.O.: 1992 – 620-867 / 60080

U.S. Department of Transportation
National Highway Traffic Safety Administration
400 Seventh St., S.W.
Washington, D.C. 20590

Official Business
Penalty for Private Use $300

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590