



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 798

Date Received

08-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

882515

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GTDT19W7Y8268501	GMC	SONOMA	2000			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input 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"/> Sport Util <input type="checkbox"/> Van <input 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 11500000	Part Name(s) VENTILATION	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 Failure 0	Date(s) of Failure(s) 01-OCT-2000 8 Mileage at Failure(s) 5	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	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)

THERE IS NO FRESH AIR THAT CAN COME INTO VEHICLE WHILE CONSUMER IS DRIVING NO MATTER WHAT CONSUMER DOES. CONSUMER HAD AN ACCIDENT IN WHICH VEHICLE REAR ENDED ANOTHER VEHICLE AT ABOUT 5 MPH. CONTACTED DEALER, AND DEALER REALLY DID NOT HAVE A REMEDY FOR PROBLEM. *AK

CONTINUE ON REVERSE

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.

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CONTINUE ON BACK IF NEEDED

THE FRESH AIR VENT DELIVERS PRE-HEATED AIR INTO THE CAB OF THE VEHICLES. CONDENSING THE WINDOW WITH FRESH AIR VENT CAUSES EYE BURN AND ROAD NOISE IN CAB NOT HAVE A REMEDY FOR PROBLEM. AK ENDED ANOTHER VEHICLE AT ABOUT 5 MPH. CONTACTED DEALER, AND DEALER REALLY DID THERE IS NO FRESH AIR THAT CAN COME INTO VEHICLE WHILE CONSUMER IS DRIVING NO MATTER WHAT CONSUMER DOES. CONSUMER HAD AN ACCIDENT IN WHICH VEHICLE REAR

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

Crash	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire	<input checked="" type="checkbox"/> Yes <input 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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(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

APPLICATION INCIDENT INFORMATION

No of Failures	0	Dates of Failure(s)	01-OCT-2000	Mileage at Failure(s)	8	Vehicle Speed at Failure(s)	5	Failed Part(s) Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Component	11500008	Part Name(s)	VENTILATION	Location	Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s)	Original <input type="checkbox"/> Replacement <input type="checkbox"/>				

FAILED COMPONENT(S)/PART(S) INFORMATION

Transmission Type	<input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual	Antilock Brakes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motor Belt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driver Side Airbag <input type="checkbox"/> Passenger Side Airbag	Cruise Control	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train	Front <input type="checkbox"/> Rear <input type="checkbox"/> 4 Wheel <input type="checkbox"/>	Vehicle Type	Car <input type="checkbox"/> Sport Utv <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Van <input type="checkbox"/> Other <input type="checkbox"/>	Body Style	2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <input type="checkbox"/>								
Purchase Date	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name		City		State		Zip Code		Engine Size (CID/CC)	6	No Cylinders	6	Turbo	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Fuel Injection	<input type="checkbox"/>

VEHICLE INFORMATION

Vehicle Ident. No. (VIN)	[REDACTED]	Vehicle Make	GMC	Vehicle Model	SONOMA	Vehicle Year	2000	Current Odometer Reading	10,661
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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: 3/19/01

OWNER INFORMATION (Type or Print)

Work Number	679202	Home Number	[REDACTED]
Date Received	08-MAR-2001	Reference No.	882515

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

