Form Approved: OMB No. 2127-0042

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-MAR-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 883850

[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.) (Locate at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Readin |
|---|---|---|---|---|
| 1GTEK19T3XE515350 | GMC | G SERIES | 1999 | |

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____

No Cylinders _____

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

| Transmission Type | Antilock Brakes | Restraint System | Cruise Contro | Drive Trai | Vehicle Type | Body Style |
|---|---|---|---|---|---|---|
| ☐ Manual ☐ Automatic | ☐ Yes ☒ No | ☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel | ☐ 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 |
|---|---|---|---|
| 06410000 | FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL | ☐ Left ☐ Front ☐ Right ☐ Rear | ☐ Original ☐ Replacement |

| No of Failure | Date(s) of Failure(s) / Mileage at Failure(s) | Failed Part(s) | NHTSA Previously |
|---|---|---|---|
| 0 | 30-DEC-2000 / 40000 / 0 | ☐ 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 | 0 | 0 | | ☐ Yes ☒ No |

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

WHILE DRIVING WOULD STEP GAS PEDAL AND VEHICLE WILL JUMP FORWARD, LIKE SUDDEN ACCELERATION. *AK

CONTINUED ON REVERSE

Form Approved: O M B No. 2127-0039

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 197

Date Received: 22-MAR-2001

Od or
nt_dt
od_tr
up_ltr

Reference No.: 883850

## OWNER INFORMATION (Type or Print)

[redacted] 681843

Work Nu [redacted]
Home Nu [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 [redacted] Date 4/30/01

## VEHICLE INFORMATION

| Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
|---|---|---|---|---|
| 1GTEK19T3XE515350 | GMC | G SERIES | 1999 | 43,624 |

Purchase Date: Feb 1999 ☒ New ☒ Used
Dealer's Name: Big Wyoming
City: Casper State: WY Zip Code: 82602
Engine Size (CID/CC/L): 327 No Cylinders: 8
☐ 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 Utl ☒ Van ☒ Truck ☐ Minivan ☐ Motorcycle ☐ Other
Body Style: ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other

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

| Component | Part Name(s) | Location | Failed Part(s) |
|---|---|---|---|
| 06410000 | FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL | ☒ Left ☐ Right ☐ Front ☐ Rear | ☒ Original ☐ Replacement |

No of Failures: 0
Date(s) of Failure(s): 30-DEC-2000
Mileage at Failure(s): 40000
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 | Fire | Number of Persons Injured | Number of Fatalities | Estimated Property Damage | Reported to Police |
|---|---|---|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☒ No | 0 | 0 | | ☐ Yes ☒ No |

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

WHILE DRIVING WOULD STEP GAS PEDAL AND VEHICLE WILL JUMP FORWARD, LIKE SUDDEN ACCELERATION. *AK started at 30,000, did not
Im for more till 40,000
Dealer
should be a recall on this part.

CONTINUE ON BACK IF NEEDED