



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 758

Date Received

04-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

885066

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>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GTFG25M8W1075237	GMC	SAVANNAH	1998			
Purchase Date <input type="checkbox"/> New <input checked="" 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 checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input 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 checked="" 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 type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	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 100	Date(s) of Failure(s) 01-APR-2000 20000 Mileage at Failure(s)	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	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)

VEHICLE WILL ACCELERATE ON ITS OWN WHEN PUT IN GEAR AS SOON AS CONSUMER TAKES FOOT OFF BRAKE. THIS HAS HAPPENED ABOUT A 100 TIMES. DEALER CANNOT REMEDY PROBLEM. *AK

COPIES OF THIS FORM ARE:

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.

Received 4-16-2001 03

 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 758	
	Date Received: 04-APR-2001		Od. or rt. dt. up. ltr. _____ Reference No. 885066	
OWNER INFORMATION (Type or Print)			Work No. _____ Home No. _____	

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: **4/16/2001**

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
1GTFG25M8W1075237	GMC	SAVANNAH	1998	20,000	
Purchase Date	Dealer's Name: MASKINS GMC JACK McNERNEY CHEV N-SYRACUSE		Engine Size (CID/CC/L) 5.7	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City TULLY	State N.Y.	Zip Code 13159	No. Cylinders 8	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input checked="" type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
Body Style					
<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component: 05400000	Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL BRAKES; MASTER CYLINDER	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 Failures: 100'S	Date(s) of Failure(s): 01-APR-2000	Mileage at Failure(s): 20000	Vehicle Speed at Failure(s): _____
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: _____	Number of Fatalities: _____	Estimated Property Damage: _____	Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

VEHICLE WILL ACCELERATE ON ITS OWN WHEN PUT IN GEAR AS SOON AS CONSUMER TAKES FOOT OFF BRAKE. THIS HAS HAPPENED ~~ABOUT 100~~ **HUNDREDS OF TIMES**. DEALER CANNOT REMEDY PROBLEM. ~~AK ON LEVEL TO 10 MPH~~ **HUNDREDS OF TIMES** MASTER CYLINDER LEAKS BRAKE FLUID ON FRONT OF BOOSTER - NOisy SPARKY LOW REARAL - INTERMITTANT REAR BRAKES - HAVE TO USE BRAKES EXCESSIVELY BECAUSE OF LACK OF ENGINE DECELERATION - DEALER APPOINTMENT 5-4-2001 ENGINE LEAKS COMANT GT R-REAR INTAKE MANIFOLD