



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

23-APR-2001

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

Reference No.

886452

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 driver's door jamb)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
N/A	GMC	SIERRA	1990			
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 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 type="checkbox"/> Yes <input checked="" 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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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	Date(s) of Failure(s) _____ 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)

**BRAKE PEDAL FEELS SPONGY WHEN APPLYING BRAKES. PROBLEM HAPPENS AT ANY SPEED.
CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING. *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.

Vehicle Owner's Questionnaire (VOQ)

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

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 798</p> <p>Date Received 23-APR-2001</p> <p>Od or rt ct _____ od_rt _____ up_itr _____</p> <p>Reference No. 886452</p> <p>Work _____ Home _____</p>
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OWNER INFORMATION (Type or Print)

_____ **687916**

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 **4/26/01**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side) NIA 1G7DK14H61Z545615	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1990	Current Odometer Reading 55720 MILES		
Purchase Date _____	Dealer's Name SAPAUGH GMC		Engine Size (CID/CC) 350 CID/IN.	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New Used	City HERCULEANEVA State MO Zip Code 63048	No. Cylinders 8				
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 checked="" 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	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport LM <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures NUMEROUS	Date(s) of Failure(s) 23-APR-2000 Mileage at Failure(s) 55 (NEW UNTIL PRESENT) Vehicle Speed at Failure(s) (WHENEVER BRAKES ARE APPLIED)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" 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
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BRAKE PEDAL FEELS SPONGY WHEN APPLYING BRAKES. PROBLEM HAPPENS AT ANY SPEED. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING. *AK

THIS HAS BEEN A CHRONIC PROBLEM SINCE VEHICLE WAS FIRST PURCHASED. IT WAS RETURNED TO THE DEALER WHERE BRAKE ADJUSTMENTS WERE IMPLEMENTED BUT THIS PROVIDED LITTLE, IF ANY, SOLUTION TO THE PROBLEM. I HAVE CHANGED THE MASTER CYLINDER, HAD THE BRAKE FLUID CHANGED 3 TIMES (OVER)

CONTINUE ON BACK IF NEEDED

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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)

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)

ONLY 55,000 MILES SINCE I PURCHASED IT. NEW. THE PICK-UP HAS BEEN GARAGED AND WELL MAINTAINED WITH THIS IS DEFINITELY A SAFETY PROBLEM. AND COMPLAINED OF THIS PROBLEM. A FULL STOP. OTHER PEOPLE HAVE DRIVEN THIS PICK-UP. MANY TIMES WHEN APPLYING THE BRAKES THE PEDAL IS ONLY AN INCH OR LESS FROM THE FLOOR TO HAVE WAS CHANGED ON THE '91 PICK-UP MODEL. OF BRAKE PROBLEM. THE ANTI-LOCK BRAKE SYSTEM SUPPOSEDLY THE '88, '89 & '90 MODELS WERE NOTorious WITH THIS TYPE TWO CERTIFIED TECHNICIANS AND THEY STATED I WERE REPLACED. I HAVE DISCUSSED THIS MATTER WITH HAVE BEEN CHANGED/REPLACED. THE REAR BRAKE CYLINDERS AND BRAKES RIDE 4 TIMES. ALSO THE FRONT DISC PADS

U.S. G.P.O.: 1982-225-887/87285

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

