



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>

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Date Received

23-MAY-2001

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

Reference No.

889023

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		
1GDDM19W6WYB50528	GMC	SAFARI	2000			
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 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 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	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) 22-JUN-2000 31500 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE STALLING WHILE APPLYING ACCELERATOR PEDAL FROM A STOP POSITION OR WHEN IN STOP AND GO TRAFFIC. VEHICLE BEEN IN DEALER SHOP ON FOUR OR MORE OCCASIONS, AND UNABLE TO LOCATE CAUSE. PLEASE PROVIDE US WITH ANY FURTHER INFORMATION ON THIS MATTER. *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.



DOT Auto Safety Hotline

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

OWNER INFORMATION (Type or Print)

693743

Work Number
Home Number

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 6/20/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) 1GDDM19W6WYB50223
Vehicle Make GMC
Vehicle Model SAFARI
Vehicle Year 2000
Current Odometer Reading 59,520

Purchase Date 6/2000
Dealers Name Herick Rite, GMC Buick
City Sanford
State DE
Zip Code 19713
Engine Size 4.3
Cylinders No Cylinders
Turbo
Diesel
Gas
Fuel Injection

Transmission Type Automatic
Manual
Articlock Brakes Yes No
Restraint System 3-Point Belt
 Driver Side Airbag
 2-Point Belt
 Motorbel
Cruise Control Yes No
Drive Train Front
 Rear
 4-Wheel
Vehicle Type Car
 Van
 Minivan
 Motorcycle
Sport Ut
Truck
Body Style 2-Door
 4-Door
 Stationwagon
 Fick Up Truck
 Other

Component 05410000	Part Name(s) FUEL; THROTTLE LINKAGES AND CONTROL PEDAL	Location Left <input type="checkbox"/> Right <input type="checkbox"/>	Failed Part(s) Original <input type="checkbox"/> Replacement <input type="checkbox"/>	No. of Failures 3	Date(s) of Failure(s) 22-JUN-2000	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(ES)	

ENGINE STALLING WHILE APPLYING ACCELERATOR PEDAL FROM A STOP POSITION OR WHEN IN STOP AND GO TRAFFIC. VEHICLE BEEN IN DEALER SHOP ON FOUR OR MORE OCCASIONS, AND UNABLE TO LOCATE CAUSE. PLEASE PROVIDE US WITH ANY FURTHER INFORMATION ON THIS MATTER. *AK

COPIES OF THIS FORM ARE NEEDED

The Privacy Act of 1974, Public Law 93-502, 529 This information is requested pursuant to authority vested in the National Highway Traffic Safety Administration 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, you, as a manufacturer, you, your response or a statistical summary thereof, may be used in support of the agency's action.

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