



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 160

Date Received

18-JUN-2001

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

Reference No.

890572

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		
1GDCT18Z4P0810816	GMC	TYPHOON	1993			
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 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 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 Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE APPLYING BRAKES WITH FOOT IS ON BRAKE PEDAL , PEDAL WILL GO TO FLOOR. FIRST, PEDAL WILL SLOWLY DECLINE, AND THEN GO STRAIGHT TO FLOORBOARD, FEELS LIKE LOSING BRAKE FLUID.CONSUMER MUST REAPPLY BRAKE PEDAL. *AK

COMPLETION DATE: _____

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.



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 100

Date Received: 18 JUN 2001
 Cd_or: _____
 it_dt: _____
 od_rt: _____
 up_tr: _____
 Reference No.: 890572
 Work Number: _____
 Home No: _____

OWNER INFORMATION (Type or Print)

[Redacted] 697459

Do you own the vehicle? YES NO
 In the absence of an authorized signature, provide your name and address to the vehicle manufacturer.
 Signature of Owner: [Redacted] Date: 7/8/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1GDCT18Z4P0810816
 Vehicle Make: GMC
 Vehicle Model: TYPHOON
 Vehicle Year: 1993
 Current Odometer Reading: 43500
 Purchase Date: JUNE 30, 1993
 Dealer's Name: MEYER GMC RENTALS
 City: HIGHLAND PK State: IL Zip Code: 60035
 Engine Size (CID/CYL): 262
 No. Cylinders: 6
 Turbo
 Diesel
 Gas
 Fuel Injection
 New Used

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 Ult Truck
 Van Motorcycle
 Minivan Other
 Body Style: 2-Door 4-Door
 Stationwagon Pick Up Truck
 Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 03250000
 Part Name(s): BRAKES:HYDRAULIC:ANTI-SKID SYSTEM
 Location: Left Right Front Rear
 Failed Part(s): Original Replacement
 No. of Failures: _____
 Date(s) of Failure(s): _____
 Mileage at Failure(s): _____
 Vehicle Speed at Failure(s): _____
 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: Yes No
 Fire: Yes No
 Number of Persons Injured: _____
 Number of Fatalities: _____
 Estimated Property Damage: _____
 Reported to Police: Yes No

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

WHILE APPLYING BRAKES WITH FOOT IS ON BRAKE PEDAL, PEDAL WILL GO TO FLOOR. FIRST, PEDAL WILL SLOWLY DECLINE, AND THEN GO STRAIGHT TO FLOORBOARD, FEELS LIKE LOSING BRAKE FLUID. CONSUMER MUST REAPPLY BRAKE PEDAL. *AK

CONTINUE ON BACK - IF NEEDED

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