



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

12-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

892596

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 on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
ADD	GMC	SIERRA	1996			
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 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 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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) 10-FEB-2001 125000 Mileage at Failure(s) 40	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	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)

WHILE DRIVING 40 MPH CONSUMER'S VEHICLE HIT ANOTHER VEHICLE IN FRONT CRASH. SEATBELTS DID NOT ACTIVATE, CONSUMER HIT HER FACE ON STEERING WHEEL, REQUIRED 6-8 STITCHES. GMC COSTUMER SERVICE TOLD HER THAT SEATBELT SHOULD NOT HAVE LOCKED UP, HER LIFE WAS NOT IN DANGER. DAMAGE TO VEHICLE WAS \$ 7000.00*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)
 DOT Auto Safety Hotline
 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)

702097

Work Num
 Home Num

Reference No.
 892596

OFFICE INVESTIGATION
 12-JUL-2001
 Date Received
 758

FOR AGENCY USE ONLY 758

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorized representative, please provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident No. (VIN) _____ (located at bottom of windshield on driver's side)
 Vehicle Make _____ Vehicle Model _____ Vehicle Year _____
 Current Odometer Reading _____

Purchase Date New Used
 Dealer's Name _____ City _____ State _____ Zip Code _____
 Engine Size _____ (CID/CC/L) No Cylinders _____
 Turbo _____ Diesel _____ Gas _____ Fuel Injection _____

Transmission Type Automatic Manual
 Antilock Brakes Yes No
 Restraint System 3-Point Belt Microbelt 2-Point Belt Passengerside Airbag
 Driver'side Airbag Yes No
 Cruise Control Yes No
 Drive Train Front Rear 4-Wheel
 Vehicle Type Car Sport Ute Truck Motorcycle Minivan Other
 Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION
 Component 1213000
 Part Name(s) INTERIOR SYSTEMS: PASSIVE RESTRAINT BELTS
 Location Front Left Right Rear
 Failed Part(s) Original Replacement

No of Failures _____
 Date(s) of Failure(s) 10-FEB-2001
 Mileage at Failure(s) 125000
 Vehicle Speed at Failure(s) 20
 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 1
 Number of Failures _____
 Estimated Property Damage _____
 Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
 WHILE DRIVING 40 MPH CONSUMER'S VEHICLE HIT ANOTHER VEHICLE IN FRONT CRASH. SEATBELTS DID NOT ACTIVATE, CONSUMER HIT HER FACE ON STEERING WHEEL, REQUIRED 6-8 STITCHES, GMC CUSTOMER SERVICE TOLD HER THAT SEATBELT SHOULD NOT HAVE LOCKED UP, HER LIFE WAS NOT IN DANGER, DAMAGE TO VEHICLE WAS \$ 7000.00*AK

CONTINUE ON BACK IF NEEDED
 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.