



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 1039

Date Received

19-JUL-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

893091

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 windshield or driver's side)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GTD19WXW8508699 | CHEVROLET TRUCK | SONOMA | 1998 | |
| Purchase Date | Dealer's Name | Engine Size (CID/CC/L) | <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio | |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No Cylinders _____ | | |
| Transmission Type | Antilock Brakes | Restraint System | Cruise Control | Drive Train |
| <input type="checkbox"/> Manual <input type="checkbox"/> Automatic | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <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 10312000 | Part Name(s) VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR | 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) 25-FEB-2001 46 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 |
|--|---|---------------------------|----------------------|--------------------------|---|

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

WINDSHIELD WIPERS WORK INTERMITTENTLY. SOMETIMES WILL NOT WORK AT ALL, AND THEN AFTER AWHILE, WILL START WORKING AGAIN. CONTACTED DEALER, AND DEALER STATED IT NEEDED A MOTOR.*AK

COPIED FROM NHTSA FORM 1039

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.

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CONTINUE ON BACK IF NEEDED

WINDSHIELD WIPERS WORK INTERMITTENTLY, SOMETIMES WILL NOT WORK AT ALL, AND THEN AFTER AWHILE, WILL START WORKING AGAIN. CONTACTED DEALER, AND DEALER STATED IT NEEDED A MOTOR.*AK

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

| | | | | | | | |
|-------|---|---------------------------|---|---------------------------|---|--------------------|---|
| Crash | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Number of Persons Injured | 0 | Estimated Property Damage | 0 | Reported to Police | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
|-------|---|---------------------------|---|---------------------------|---|--------------------|---|

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

| | | | | | | | |
|---------------------------|---|-----------------------------|---|-----------------------|--------------|-----------------------------|-----|
| No. of Failures | 15 | Date(s) of Failure(s) | 25-FEB-2001 - NOW | Mileage at Failure(s) | 52,000 - NOW | Vehicle Speed at Failure(s) | ANY |
| Failed Part(s) Available? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | NHTSA Previously Contacted? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |

| | | | |
|-----------|---|----------------|---|
| Component | 10312000 | Part Name(s) | VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR |
| Location | Front <input type="checkbox"/> Left <input type="checkbox"/> Rear <input type="checkbox"/> Right <input type="checkbox"/> | Failed Part(s) | Original <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|-------------------|--|----------------------|---|
| Transmission Type | Automatic <input checked="" type="checkbox"/> Manual <input type="checkbox"/> | Restraint System | 3-Point Belt <input checked="" type="checkbox"/> 2-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> |
| Antilock Brakes | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Driver's Side Airbag | Passenger's Side Airbag <input checked="" type="checkbox"/> |
| Crash Control | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Front | 4-Wheel <input checked="" type="checkbox"/> Rear <input type="checkbox"/> |
| Vehicle Type | Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> | Truck | Sport Utility <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Other <input type="checkbox"/> |
| Body Style | 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other <input type="checkbox"/> | | |

| | | | | | | | | | |
|---|-------------|---------------|--------------|---|--------|-------|----|----------|-------|
| Purchase Date | 11-20-1997 | Dealer's Name | WISSE GMC | City | Kokomo | State | IN | Zip Code | 46902 |
| Used <input type="checkbox"/> New <input checked="" type="checkbox"/> | Engine Size | 6 | No Cylinders | Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection | | | | | |

| | | | | | | | | | |
|--------------------------|------------------|--------------|-----|---------------|--------|--------------|------|--------------------------|--------|
| Vehicle Ident. No. (VIN) | 1GTD19WXW8508699 | Vehicle Make | GMC | Vehicle Model | SONOMA | Vehicle Year | 1998 | Current Odometer Reading | 46,600 |
|--------------------------|------------------|--------------|-----|---------------|--------|--------------|------|--------------------------|--------|

VEHICLE INFORMATION

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of Signature of Owner

| | | | |
|-------------|--------|-------------|--|
| Work Number | 703310 | Home Number | |
|-------------|--------|-------------|--|

U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 1039

Date Received: 19-JUL-2001
OFFICE: DEFECTS INVESTIGATION

Reference No. 893091

**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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