

**National Highway  
Traffic Safety  
Administration**

## Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393**  
**DC METRO AREA (202) 366-0123**  
**INTERNET: <http://www.nhtsa.dot.gov>**

## Date Received

05-SEP-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
od\_rt \_\_\_\_\_  
up\_lr \_\_\_\_\_

Reference No.

**895731**

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

|                                                                                                 |              |               |              |                          |
|-------------------------------------------------------------------------------------------------|--------------|---------------|--------------|--------------------------|
| Vehicle Ident. No. (VIN)<br><small>(Location shown on<br/>and to the left of dashboard)</small> | Vehicle Make | Vehicle Model | Vehicle Year | Current Odometer Reading |
| 1GKDT13W6W2531932                                                                               | GMC          | JIMMY         | 1998         |                          |

|                                                                       |                                       |                              |                                        |
|-----------------------------------------------------------------------|---------------------------------------|------------------------------|----------------------------------------|
| Purchase Date _____                                                   | Dealer's Name _____                   | Engine Size (CID/CC/L) _____ | <input type="checkbox"/> Turbo         |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used | City _____ State _____ Zip Code _____ | No. Cylinders _____          | <input type="checkbox"/> Diesel        |
|                                                                       |                                       |                              | <input type="checkbox"/> Gas           |
|                                                                       |                                       |                              | <input type="checkbox"/> Fuel Injectio |

| Transmission Type                                                                | Antilock Brakes                                                        | Restraint System                                                                                                                                                                                                    | Cruise Control                                                         | Drive Train                                                                                                    | Vehicle Type                                                                                                                                                                                                                                                | Body Style                                                                                                                                                                                               |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Manual<br><input checked="" type="checkbox"/> Automatic | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt<br><input type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag<br><input type="checkbox"/> Motorbelt<br><input type="checkbox"/> 2-Point Belt | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input checked="" type="checkbox"/> 4-Wheel | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Sport Utility<br><input type="checkbox"/> Truck<br><input type="checkbox"/> Motorcycle | <input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input type="checkbox"/> Pick Up Truck<br><input checked="" type="checkbox"/> Other _____ |

|                       |                                                                        |                                                                                                                                          |                                                                                            |
|-----------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Component<br>01400000 | Part Name(s)<br>STEERING:GEAR:RACK AND PINION                          | Location<br><input type="checkbox"/> Left <input type="checkbox"/> Right<br><input type="checkbox"/> Front <input type="checkbox"/> Rear | Failed Part's<br><input type="checkbox"/> Original<br><input type="checkbox"/> Replacement |
| No of Failure<br>4    | Date(s) of Failure(s) C1-JAN-1998 42000<br>Mileage at Failure(s) _____ | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                               | NIITSA Previously<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |

## Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

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

RACK AND PINION STEERING SEAL IS LEAKING. WHEN TRYING TO MAKE A TURN STEERING WILL NOT RESPOND. MAKES NOISE WHEN ALMOST DRY. DEALER HAS REPLACED RACK AND PINION SEAL 4 TIMES SINCE PURCHASE OF VEHICLE.\*AK

CCNIP-UE 2018: 8 - 11-10

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.

|                                                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
|  <b>DOT Auto Safety Hotline</b><br><b>Vehicle Owner's Questionnaire (VOQ)</b><br>J.S. Department of Transportation<br>National Highway Traffic Safety Administration<br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4236<br>www.nhtsa.dot.gov/hotline |                                                                     | <b>FOR AGENCY USE ONLY</b> 758<br>Date Received: <u>05 SEP 2001</u><br>Defects Office Investigation<br>Od_or: _____<br>rt_dt: _____<br>od_rt: _____<br>lip_ltr: _____<br>Reference No.: <u>895731</u><br>Work Num: _____<br>Home Num: _____                                  |                                                                                                   |                                                                                                                     |
| <b>OWNER INFORMATION (Type or Print)</b><br>[Redacted] 712940                                                                                                                                                                                                                                                                       |                                                                     | Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of Signature of Owner: [Redacted] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>Date: <u>9/12/01</u>                                      |                                                                                                   |                                                                                                                     |
| Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)                                                                                                                                                                                                                                                         | Vehicle Make                                                        | Vehicle Model                                                                                                                                                                                                                                                                | Vehicle Year                                                                                      | Current Odometer Reading                                                                                            |
| 1GKDT13W6W2631932                                                                                                                                                                                                                                                                                                                   | GMC                                                                 | JIMMY                                                                                                                                                                                                                                                                        | 1998                                                                                              | 42,000.00                                                                                                           |
| Purchase Date: <u>2/98</u>                                                                                                                                                                                                                                                                                                          | Dealer's Name: <u>Demo Buick - business</u>                         |                                                                                                                                                                                                                                                                              | Engine Size (CID/CC/L): <u>6154 4378cc</u>                                                        | <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection                        |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used                                                                                                                                                                                                                                                               | City: <u>Stoughton</u> State: <u>Mass</u> Zip Code: <u>02072</u>    | No. Cylinders: <u>4</u>                                                                                                                                                                                                                                                      |                                                                                                   |                                                                                                                     |
| Transmission Type                                                                                                                                                                                                                                                                                                                   | Antilock Brakes                                                     | Restraint System                                                                                                                                                                                                                                                             | Cruise Control                                                                                    | Drive Train                                                                                                         |
| <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag                                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               | <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel |
| Vehicle Type                                                                                                                                                                                                                                                                                                                        |                                                                     | Body Style                                                                                                                                                                                                                                                                   |                                                                                                   |                                                                                                                     |
| <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other                                                                                                                                                                                                |                                                                     | <input checked="" type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck |                                                                                                   |                                                                                                                     |
| <b>FAILED COMPONENT(S)/PART(S) INFORMATION</b>                                                                                                                                                                                                                                                                                      |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
| Component: <u>01400000</u>                                                                                                                                                                                                                                                                                                          | Part Name(s): <u>STEERING:GEAR:RACK AND PINION</u>                  | Location: <input type="checkbox"/> Left <input type="checkbox"/> Front <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/> Rear                                                                                                                    | Failed Part(s): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement |                                                                                                                     |
| No. of Failures: <u>4</u>                                                                                                                                                                                                                                                                                                           | Date(s) of Failure(s): <u>01-JAN-1998 - 5/2000 - 11/2000-9/01</u>   | Mileage at Failure(s): <u>42000</u>                                                                                                                                                                                                                                          | Vehicle Speed at Failure(s): <u>N/A</u>                                                           | Failed Part(s): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                 |
| NHTSA Previously: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                               |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
| <b>APPLICATION INCIDENT INFORMATION</b>                                                                                                                                                                                                                                                                                             |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
| (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)                                                                                                                                                                                                                       |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
| Crash                                                                                                                                                                                                                                                                                                                               | Fire                                                                | Number of Persons Injured                                                                                                                                                                                                                                                    | Number of Fatalities                                                                              | Estimated Property Damage                                                                                           |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | —                                                                                                                                                                                                                                                                            | —                                                                                                 | —                                                                                                                   |
| Reported to Police: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                             |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
| <b>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</b>                                                                                                                                                                                                                                                                |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |
| RACK AND PINION STEERING SEAL IS LEAKING. WHEN TRYING TO MAKE A TURN STEERING WILL NOT RESPOND. MAKE'S NOISE WHEN ALMOST DRY. DEALER HAS REPLACED RACK AND PINION SEAL 4 TIMES SINCE PURCHASE OF VEHICLE.*AK<br><div style="text-align: right;">(over)</div>                                                                        |                                                                     |                                                                                                                                                                                                                                                                              |                                                                                                   |                                                                                                                     |

CONTINUE ON BACK IF NEEDED

The Privacy Act of 1974 (Public Law 93-57) 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  
 Information Management Staff NSA-10.01  
 400 7th Street, SW  
 Washington, DC 20590

POSTAGE WILL BE PAID BY NATIONALLY TRAFFIC SAFETY ADMIN.

**BUSINESS REPLY MAIL**  
 FIRST CLASS PERMIT NO. 79173 WASHINGTON, D.C.

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



U.S. GPO: 1982-525-971-5000

Dealership we are currently using  
 Masten - Raynham, Mass. have also  
 contacted GMC - customer service in  
 Detroit who have a file # on this  
 which is C05423773. Thank you for  
 your time - Sincerely [Redacted]

|                                                                                                                                                                                                                    |  |      |  |       |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------|--|-------|--|--|--|--|--|
| TIRE IDENTIFICATION NO.*                                                                                                                                                                                           |  |      |  |       |  |  |  |  |  |
| INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)                                                                                                                                                                     |  |      |  |       |  |  |  |  |  |
| Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail                                                                                                                                  |  |      |  |       |  |  |  |  |  |
| MANUFACTURER/TIRE NAME                                                                                                                                                                                             |  | SIZE |  | D O T |  |  |  |  |  |
| * The identification number consists of 7 to 10 letters and numbers 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)                                                                                                                                                                                  |  |      |  |       |  |  |  |  |  |