



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** §20

Date Received

27-SEP-2001

Od\_or \_\_\_\_\_  
rt\_dt \_\_\_\_\_  
pd\_rt \_\_\_\_\_  
rp\_lr \_\_\_\_\_

Reference No.

896961

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)<br><small>(Locate at bottom of<br/>windshield or driver's side)</small> | Vehicle Make  | Vehicle Model   | Vehicle Year  | Current Odometer Reading   |   |  |
| 1GTGC29FXTE513675  | GMC   | SIERRA  | 1996  |  |   |  |
| Purchase Date<br><input checked="" type="checkbox"/> New <input type="checkbox"/> Used           | Dealer's Name<br>City _____ State _____ Zip Code _____                                    | Engine Size<br>(CID/CC/L) _____<br>No. Cylinders _____  | <input type="checkbox"/> Turbo<br><input type="checkbox"/> Diesel<br><input type="checkbox"/> Gas<br><input type="checkbox"/> Fuel Injectio |  |   |  |
| Transmission Type<br><input type="checkbox"/> Manual<br><input type="checkbox"/> Automatic       | Antilock Brakes<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Restraint System<br><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt<br><input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel<br><input type="checkbox"/> Passengerside Airbag | Cruise Control<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  | Drive Train<br><input type="checkbox"/> Front<br><input type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel | Vehicle Type<br><input type="checkbox"/> Car <input type="checkbox"/> Sport Util<br><input type="checkbox"/> Van <input type="checkbox"/> Truck<br><input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle<br><input type="checkbox"/> Other _____ | Body Style<br><input type="checkbox"/> 2-Door<br><input type="checkbox"/> 4-Door<br><input type="checkbox"/> Stationwagon<br><input checked="" type="checkbox"/> Pick Up Truck<br><input type="checkbox"/> Other _____ |

### FAILED COMPONENT(S)/PART(S) INFORMATION

|                       |  |  |  |
|-----------------------|--|--|--|
| Component<br>09002000 | Part Name(s)<br>LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS      | 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         | Date(s) of Failure(s)<br>01-MAR-2001<br>86486<br>Mileage at Failure(s) | Failed Part(s)<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | NHTSA Previously<br><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<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<br>0 | Number of Fatalities<br>0 | Estimated Property Damag | Reported to Police<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|---|--------------------------------|---------------------------|--------------------------|---|

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

**DAYTIME RUNNING LIGHTS FAILED TO FUNCTION DURING DAYLIGHT HOURS. CONSUMER HAS EXAMINED ELEMENTS FOR HEADLIGHTS AND FOUND NO DEFECT WHILE DEALERSHIP HAS NOT EXAMINED VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.\*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.

| DOT Auto Safety Hotline   |  | FOR AGENCY USE ONLY 920  |   |
|---|--|--|---|
|  U.S. Department of Transportation<br>National Highway Traffic Safety Administration   |  | <b>Vehicle Owner's Questionnaire (VOQ)</b><br>NATIONWIDE 1-888-DASH-2-DOT<br>1-888-327-4238<br>www.nhtsa.dot.gov/hotline                                 |   |
| OWNER INFORMATION (Type or Print)   |  | Date Received <u>21 SEP 2001</u><br>Od or rt dt _____<br>ga r _____<br>up tr _____<br>Reference No. <u>896961</u>  |   |
| [Redacted] 717613   |  | Work Number _____<br>Home Number [Redacted]  |   |
| Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?<br>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |   |
| Signature of Owner [Redacted]   |  | Date <u>10/23/01</u>   |   |
| VEHICLE INFORMATION   |  |  |   |
| Vehicle Ident. No. (VIN) (Located at bottom windshield on driver's side)  | Vehicle Make   | Vehicle Model  | Vehicle Year  |
| 1GTGC29FXTE513675   | GMC  | SIERRA   | 1998  |
| Current Odometer Reading  | 81000  |  |   |
| Purchase Date   | Dealer's Name  | Engine Size (CID/CC/L)   | <input checked="" type="checkbox"/> Turbo   |
| 01/02/96  | Johnson Motor Co.  | 6.5  | <input checked="" type="checkbox"/> Diesel  |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Used   | City <u>Aberdeen</u> State <u>SD</u> Zip Code <u>57402</u>   | No. Cylinders <u>8</u>   | <input checked="" type="checkbox"/> Gas   |
| <input checked="" type="checkbox"/> Fuel Injected   |  |  |   |
| Transmission Type   | Antilock Brakes  | Restraint System   | Cruise Control  |
| <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 checked="" type="checkbox"/> Driverside Airbag<br><input type="checkbox"/> Passengerside Airbag          | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| Drive Train   | Vehicle Type   |  | Body Style  |
| <input checked="" type="checkbox"/> Front<br><input checked="" type="checkbox"/> Rear<br><input type="checkbox"/> 4-Wheel   | <input type="checkbox"/> Car<br><input type="checkbox"/> Van<br><input type="checkbox"/> Minivan<br><input type="checkbox"/> Other |  | <input type="checkbox"/> Sport Util<br><input checked="" 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<br><input type="checkbox"/> Truck   |  |  |   |
| FAILED COMPONENT(S)/PART(S) INFORMATION   |  |  |   |
| Component   | Part Name(s)   | Location   | Failed Part(s)  |
| 09002000  | LIGHTING:GENERAL OR UNKNOWN COMPONENT:HEAD LIGHTS  | <input checked="" type="checkbox"/> Left<br><input checked="" type="checkbox"/> Front<br><input type="checkbox"/> Right<br><input type="checkbox"/> Rear | <input checked="" type="checkbox"/> Original<br><input type="checkbox"/> Replacement                                    |
| No of Failures  | Date(s) of Failure(s)  | Mileage at Failure(s)  | Vehicle Speed at Failure(s)   |
| ongoing   | 01-MAR-2001  | 25000  | 25000   |
| Failed Part(s)  |  | NHTSA Previously   |   |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | <input type="checkbox"/> Yes <input checked="" 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   | Fire   | Number of Persons Injured  | Number of Fatalities  |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | 0  | 0   |
| Estimated Property Damage   |  | Reported to Police   |   |
| 0   |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |
| NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)   |  |  |   |
| DAYTIME RUNNING LIGHTS FAILED TO FUNCTION DURING DAYLIGHT HOURS. CONSUMER HAS EXAMINED ELEMENTS FOR HEADLIGHTS AND FOUND NO DEFECT WHILE DEALERSHIP HAS NOT EXAMINED VEHICLE. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS. *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. |  |  |   |