



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 241**

Date Received

29-OCT-2001

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

Reference No.

898372

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		
1GTGC229R6TE53509	GMC	SIERRA	1996			
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 type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" 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 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	Dates of Failure(s) 23-OCT-2000 Mileage at Failure(s) 38000 Vehicle Speed 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)

**RECALL 98 V 150 001/WINDSHIELD WIPER WIRING: WINDSHIELD WIPERS WORK INTERMITTENTLY. DEALER/MFR'S WAS NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.\*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 24	
 U.S. Department of Transportation National Highway Traffic Safety Administration		<b>Vehicle Owner's Questionnaire (VOQ)</b> NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 23-OCT-2001	Od_or _____ rt_dt _____ ordprt _____ Op_ltr _____
[Redacted] 723582		Reference No. 898372	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number	Home Number
Signature of Owner [Redacted]		Date <u>Nov 7, 2001</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GTGC29R6TE535098</u>	Vehicle Make <u>GMC</u>	Vehicle Model <u>SIERRA</u>	Vehicle Year <u>1998</u>
Purchase Date <u>1996</u>	Dealer's Name <u>LAURA BUICK</u>	Engine Size (CID/CC/L) <u>350</u>	Current Odometer Reading
<input checked="" type="checkbox"/> Now <input type="checkbox"/> Used	City <u>COLLINSVILLE</u> State <u>IL</u> Zip Code	No. Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectic
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Util. <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>10312000</u>	Part Name(s) <u>VISUAL SYSTEMS:WINDSHIELD WIPER:MOTOR</u> <u>SOLID STATE ELECTRONIC CARD</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures <u>20</u>	Date(s) of Failure(s) <u>23-OCT-2000</u> Mileage at Failure(s) <u>38000</u> Vehicle Speed at Failure(s) <u>ANY</u>	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 Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
RECALL 98 V 150 001/WINDSHIELD WIPER WIRING: WINDSHIELD WIPERS WORK INTERMITTENTLY. DEALER/MFR'S WAS NOT NOTIFIED AT THIS TIME. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK I CALLED DEALER - NO RECALL AS OF OCT, 2001. I HAVE TWO BROTHER THAT HAVE GM TRUCKS AND BOTH HAVE HAD TO REPLACE THIS SOLID STATE CARD. (VIN) 1GTGC29R6TE535098			
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.			



**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)**

**(Page 1 through Page 3 )**

# Laura

## BUICK • PONTIAC GMC TRUCK & VAN INC.

903 N. BLUFF RD. • COLLINSVILLE, ILLINOIS 62234  
(618) 344-0121 • (314) 621-0824

CONVENIENT SATURDAY SERVICE HOURS

TRUCK LOAD SALE ON GOODWRENCH/ACDELCO ENGINES  
CHECK OUT OUR BEDLINER SPECIALS!!!!  
SATURDAY SERVICE/PARTS 7:30 TILL 12:00 NOON  
WE ARE A GM GOODWRENCH SERVICE PLUS DEALER  
OFFERING A LIFETIME WARRANTY ON PARTS/LABOR

NOTE: 20% handling charge on all returned merchandise. No returns on electrical or special ordered  
No returns after 30 days. Returned merchandise must be accompanied with this invoice. All  
items must be in original non-damaged packages.

TERMS	CUSTOMER TO	SHIP TO	PAY	ORDER BY	ORDER DATE	ORDER NO.
			CASH	MICHAEL A REEVES	12/25/01	46590 8UR

TRUCK CASH SALE  
WHERE  
OF, IL

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O

QTY	PART NUMBER	DESCRIPTION	UNIT	LIST	NET	AMOUNT
1	12463090	MODULE 16.067	57	52.24	36.75	73.50

*Cash*  
*JB*

warranties on the products sold hereby are those made by the manufacturer. The  
LAURA BUICK, PONTIAC, GMC TRUCK & VAN, INC., hereby expressly  
disclaims all warranties, either expressed or implied, including any implied warranty of  
merchantability or fitness for a particular purpose, and LAURA BUICK, PONTIAC,  
GMC TRUCK & VAN, INC., neither assumes nor authorizes any other person to  
assume any liability in connection with the sale of said product.

NO REFUNDS  
WITHOUT  
THIS INVOICE

SUB-TOTAL

73.50

TAX  
FREIGHT

4.86  
2.70

PAY THIS AMOUNT

78.26