



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

30-OCT-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

898429

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		
1GTCF1949W8540766	GMC	SONOMA	1998			
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 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 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 12310000	Part Name(s) INTERIOR SYSTEMS:SEAT TRACKS AND ANCHORS	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 2	Dates of Failure(s) _____ 01-OCT-2001 Mileage at Failure(s) _____ 69000 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NIHTSA 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 0	Number of Fatalities 0	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)

ALUMINUM HANDLE FOR RECLINING MECHANISM OF DRIVER'S SEAT BROKE, AND HAS BEEN REPAIRED BY DEALERSHIP. HOWEVER, HANDLE FOR RECLINING MECHANISM OF FRONT PASSENGER'S SEAT BROKE, AND WAS NO LONGER COVERED UNDER WARRANTY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK

CONTINUE ON REVERSE

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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE-1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 920</p>							
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <p>Date Received</p> <p style="text-align: center;">OCT 17 2001</p> <p style="text-align: center;">OCT-2001</p> </td> <td style="width:50%;"> <p>Od or mi_lft _____ od_Crt: SL _____ up_ltr _____</p> </td> </tr> <tr> <td colspan="2"> <p>Reference No.</p> <p style="text-align: center;">898429</p> </td> </tr> <tr> <td colspan="2"> <p>Work Number</p> </td> </tr> <tr> <td colspan="2"> <p>Home Num</p> </td> </tr> </table>	<p>Date Received</p> <p style="text-align: center;">OCT 17 2001</p> <p style="text-align: center;">OCT-2001</p>	<p>Od or mi_lft _____ od_Crt: SL _____ up_ltr _____</p>	<p>Reference No.</p> <p style="text-align: center;">898429</p>		<p>Work Number</p>		<p>Home Num</p>
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<p>Reference No.</p> <p style="text-align: center;">898429</p>								
<p>Work Number</p>								
<p>Home Num</p>								
<p>OWNER INFORMATION (Type or Print)</p> <p style="text-align: right;">723810</p>								
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of a signature, your name and address to the vehicle manufacturer.</p> <p style="text-align: right;"><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of Owner _____ Date <u>11/01/01</u></p>								

VEHICLE INFORMATION				
<p>Vehicle Ident No (VIN) (located at bottom of windshield on driver's side)</p> <p>1GTCF1949W8540766</p>	<p>Vehicle Mak</p> <p>GMC</p>	<p>Vehicle Model</p> <p>SONOMA</p>	<p>Vehicle Year</p> <p>1998</p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>	<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>	<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type</p> <p><input type="checkbox"/> Manua <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p> <p><input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
		<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component</p> <p>12310000</p>	<p>Part Name(s)</p> <p>INTERIOR SYSTEMS: SEAT TRACKS AND ANCHORS</p>	<p>Location</p> <p><input type="checkbox"/> Left <input checked="" type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p> <p>2</p>	<p>Date(s) of Failure(s): 01-OCT-2001</p> <p>Mileage at Failure(s): 69000</p> <p>Vehicle Speed at Failure(s): _____</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p style="text-align: center;">0</p>	<p>Number of Fatalities</p> <p style="text-align: center;">0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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

ALUMINUM HANDLE FOR RECLINING MECHANISM OF DRIVER'S SEAT BROKE, AND HAS BEEN REPAIRED BY DEALERSHIP. HOWEVER, HANDLE FOR RECLINING MECHANISM OF FRONT PASSENGER'S SEAT BROKE, AND WAS NO LONGER COVERED UNDER WARRANTY. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS. *AK

Drivers side was repaired at Bill Heard Chevrolet in Sanford, Fla. In April 2001. Passenger side is still broke. Shafts that are used are made out of cast aluminum and soft material. You get no warning these ready to break. Used as

CONTINUE ON BACK IF NEEDED

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to adjust the seat back and when it break the seats stuck in whatever position it breaks off in. →



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.
POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 THE SMALL SUITE
Washington, DC 20590

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

originally made of. My husband usually does all driving
because we are so afraid of having to do so much
adjusting for fear of it breaking off again.

INFORMATION ON THE FAILURE(S) (IF APPLICABLE)									
The identification number consists of 7 to 10 letters and numerals 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)									
THE IDENTIFICATION NO.		MANUFACTURER/TIRE NAME		SIZE					

fold to show Return Address (no stamp needed) Fasten with tape or staple and mail
was no charge and would like the warranty for it. It was
repaired with the same cast aluminum about that time