



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

01-NOV-2001

Ord or _____
rt dt _____
pd rt _____
rp tr _____

Reference No.

898663

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) (Location at bottom of windshield and driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTEC14T51Z119599		GMC	SIERRA	2001	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☒ New ☐ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☒ Pick Up Truck ☐ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 13-MAY-2001 Mileage at Failure(s) 2500 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ Yes ☐ 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 ☒ Yes ☐ No	Fire ☐ Yes ☒ No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT APPROXIMATELY 40 MPH. SEAT BELT FAILED TO RESTRAIN PASSENGER IN SEAT, PASSENGER SUSTAINED CHEST INJURIES. DEALER/MANUFACTURER WERE NOTIFIED, AND INFORMED CONSUMER THAT A REPRESENTATIVE WAS SENT AND WAS UNABLE TO FIND ANY THING WRONG. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS MATTER.*AK

COPIES OF REPORTS - SEE PAGE 2

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.



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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 241

Date Received

05/18/01
05-NOV-2001

Od or

rt_dt

od_rt

up_itr

Reference No.

898663

OWNER INFORMATION (Type or Print)

724433

Work Number

Home No.

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 12/10/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)

1GTEC14T51Z119599

Vehicle Make

GMC

Vehicle Model

SIERRA

Vehicle Year

2001

Current Odometer Reading

7,800

Purchase Date

5-1-01

Dealer's Name CHRIS MYERS

Engine Size

(CID/CC/L) 5.3

☐ Turbo☐ Diesel☐ Gas☒ Fuel Injection☒ New ☐ Used

City DAPHNE State AL Zip Code 36526

No. of Cylinders 8

Transmission Type

☐ Manual☒ Automatic

Antilock Brakes

☒ Yes☐ No

Restraint System

☒ 3-Point Belt☒ Driverside Airbag☒ Passengerside Airbag☐ Motorbelt☐ 2-Point Belt

Cruise Control

☐ Yes☒ No

Drive Train

☐ Front☒ Rear☐ 4-Wheel

Vehicle Type

☐ Car☐ Van☐ Minivan☐ Other☒ Sport Utility☐ Truck☐ Motorcycle

Body Style

☐ 2-Door☐ 4-Door☐ Stationwagon☒ Pick Up☐ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component
12240000

Part Name(s)

INTERIOR SYSTEMS: ACTIVE RESTRAINTS: BELT RETRACTORS

Location

☒ Left☒ Front☐ Right☐ Rear

Failed Part(s)

☐ Original☐ Replacement

No. of Failures

Date(s) of Failure(s) 13-MAY-2001

Mileage at Failure(s) 2500

Vehicle Speed at Failure(s)

Failed

Part(s)

☐ Yes ☐ No

NHTSA

Previously

☐ Yes ☐ 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

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

1

Number of Fatalities

Estimated Property Damage

8,000

Reported to Police

☒ Yes ☒ No

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

VEHICLE WAS INVOLVED IN A FRONTAL COLLISION AT APPROXIMATELY 40 MPH, SEAT BELT FAILED TO RESTRAIN PASSENGER IN SEAT, PASSENGER SUSTAINED CHEST INJURIES. DEALER/MANUFACTURER WERE NOTIFIED, AND INFORMED CONSUMER THAT A REPRESENTATIVE WAS SENT AND WAS UNABLE TO FIND ANYTHING WRONG. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION CONCERNING THIS MATTER.

AIR BAGS DID NOT DEPLOY

CONTINUE ON BACK IF NEEDED

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