



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 1038

Date Received

28-NOV-2001

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

899556

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		
2GCEK19T1X116279	GMC	SILVERADO	1999			
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____				
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<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 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	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) 01-NOV-2001 Mileage at Failure(s) 45 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	----------------------	--------------------------	--

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

ABS BRAKE PUMP WILL NOT STOP RUNNING. CONSUMER HAS REMOVED THE FUSE, DEALER HAS BEEN CONTACTED, BUT REFUSES TO FIX VEHICLE. PLEASE PROVIDE FURTHER DETAILS.*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

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 1038

Date Received: 28-NOV-2001
Od_or: _____
rt_dt: _____
od_rt: _____
up_itr: _____

OWNER INFORMATION (Type or Print)

[Redacted Name and Address]

727854

Reference No.: 899556

Work Number: _____
Home Number: _____

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: 12/8/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 2GCEK19T1X116278
Vehicle Make: GMC
Vehicle Model: SILVERADO
Vehicle Year: 1999
Current Odometer Reading: 69000

Purchase Date: March 2000
Dealer's Name: Carl Thompson
City: Port Huron State: Mich Zip Code: 48060
Engine Size (CID/CC): 5.3
No. Cylinders: 8
 Turbo Diesel Gas
 Fuel Injected

Transmission Type: Automatic
Antilock Brakes: Yes
Restraint System: 3-Point Belt, Motorbelt, Driverside Airbag, 2-Point Belt, Passengerside Airbag
Cruise Control: Yes
Drive Train: Front, Rear, 4-Wheel
Vehicle Type: Car, Van, Minivan, Other
Sport Utility Truck:
Body Style: 2-Door, 4-Door, Stationwagon, Pick Up, Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 03250000
Part Name(s): BRAKES:HYDRAULIC:ANTI-SKID SYSTEM
Location: Left Front, Right Rear
Failed Part(s): Original Replacement

No. of Failures: _____
Date(s) of Failure(s): 01-NOV-2001
Mileage at Failure(s): 45
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: _____
Number of Fatalities: _____
Estimated Property Damage: _____
Reported to Police: Yes No

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

ABS BRAKE PUMP WILL NOT STOP RUNNING. CONSUMER HAS REMOVED THE FUSE, DEALER HAS BEEN CONTACTED, BUT REFUSES TO FIX VEHICLE. PLEASE PROVIDE FURTHER DETAILS.*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.