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 1220	
Date Received 30-NOV-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ op_ltr ____ ____
	Reference No. 899708

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
UNKNOWN	GMC	ENVOY	2002	

Purchase Dat		Engine Size	
☐ New ☒ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L ____ No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
08320100	ELECTRICAL SYSTEM:INSTRUMENT PANEL:CLUSTER MODULE	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Dates of Failure(s)	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s 4000 Vehicle Speed at Failure(s)	☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☐ No				☐ Yes ☐ No

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

TURNED IGNITION ON AND INSTRUMENTAL PANEL WAS COMPLETELY DEAD,THERE WAS NO ILLUMINATION. PLEASE PROVIDE VEHICLE INDENTIFICATION NUMBER, AND ANY FURTHER INFORMATION. *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 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.

Form Approved: O.M.B. No. 2127-0016

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 1220

Date Received: 30-NOV-2001

Reference No. 899708

[redacted]

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. ☑ YES ☐ NO

Signature of Owner [redacted] Date 11/10/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Mak	Vehicle Mode	Vehicle Year	Current Odometer Readin
UNKNOWN VIN # 1GKDT13S942200357	GMC	ENVOY	2002	4562

Purchase Date: SEPT. 1 01 — ☒ New ☒ Used

Dealer's Name: DALTON GMC
City: LANCASTER State: N.H. Zip Code: 03584

Engine Siz (CID/CC/L): ____ No Cylinders: 6

☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injecto

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manua ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Bel ☒ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☒ Sport Ut ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☐ 2-Door ☒ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
08320100	ELECTRICAL SYSTEM:INSTRUMENT PANEL:CLUSTER MODULE	☐ ...ft ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacemen

No of Failures		Failed Part(s)	NHTSA Previously
1	Date(s) of Failure(s): NOV 28 01 Mileage at Failure(s): 4000 Vehicle Speed at Failure(s): 0	☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury ...s) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	–	–	–	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCI...NT(S), INJURY(IES)

TURNED IGNITION ON AND INSTRUMENTAL PANEL WAS COMPLETE...Y DEAD, THERE WAS NO ILLUMINATION. PLEASE PROVIDE VEHICLE INDENTIFICATION NUMBER, AND ANY FURTHER INFORMATION. THANK YOU DROVE HOME, PUT CAR IN GARAGE, EVERYTHING WORKED OK WHEN WENT TO USE VEHICLE AGAIN, SO FAR HAS NOT HAPPENED AGAIN

VIN # 1GKDT13S942200357

CONTINUE ON BACK IF NEED-IT

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