



Auto Safety Hotline

# Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393  
DC METRO AREA (202) 366-0123  
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.  
CORRECT MARK: ●

### FOR AGENCY USE ONLY

Date Received <b>25-MAY-00</b>	Order No. _____
Reference No. _____	File No. _____
	Up to _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <b>Z9D0M17W3Y8504569</b>	VEHICLE MAKE <b>GMC</b>	VEHICLE MODEL <b>SAFARI</b>	MANUFACTURE DATE <b>071999</b>	MODEL YEAR <b>2000</b>		
VEHICLE MANUFACTURER <input type="radio"/> BMW <input type="radio"/> Ford <input type="radio"/> Honda <input type="radio"/> Nissan <input type="radio"/> Subaru <input type="radio"/> Volvo <input type="radio"/> Other _____ <input type="radio"/> Daewoo/Chrysler <input checked="" type="radio"/> General Motors <input type="radio"/> Hyundai <input type="radio"/> Isuzu <input type="radio"/> Toyota <input type="radio"/> VW						
PURCHASE DATE <b>12-14-99</b>	<input checked="" type="radio"/> New <input type="radio"/> Used	DEALER'S NAME <b>WALKER + STRIDER</b>	CITY <b>ASHBORO</b>	STATE <b>N</b>	ZIP CODE <b>27203</b>	
ENGINE SIZE (cc/cyl) <b>4900</b>	FUEL SYSTEM <input type="radio"/> Turbo <input checked="" type="radio"/> Fuel Injection	FUEL TYPE <input type="radio"/> Diesel <input checked="" type="radio"/> Gas	TRANSMISSION TYPE <input type="radio"/> Manual <input checked="" type="radio"/> Automatic	ANTILOCK BRAKES <input checked="" type="radio"/> Yes <input type="radio"/> No	RESTRAINT SYSTEM <input checked="" type="radio"/> Driverside Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input type="radio"/> 3-Point Belt	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No
NO. CYLINDERS <b>6</b>	DRIVETRAIN <input type="radio"/> Front <input type="radio"/> 4 Wheel <input checked="" type="radio"/> Rear		VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input type="radio"/> Truck <input type="radio"/> Other _____ <input checked="" type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input type="radio"/> 2-Door <input checked="" type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input type="radio"/> Pick Up Truck <input type="radio"/> Stationwagon

### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="radio"/> Child Seat <input type="radio"/> Electrical Lights & Alarms <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System Exhaust <input type="radio"/> Heater Defrost Ventilation <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input checked="" type="radio"/> Service Brakes <input checked="" type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input type="radio"/> Other _____	NO. OF FAILURES <b>01</b> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <b>MAY 4 2000</b>	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT <b>3088</b>	TIRE BRAND <input type="radio"/> BF Goodrich <input type="radio"/> Cooper <input type="radio"/> Firestone <input type="radio"/> Goodyear <input type="radio"/> Kelly Springfield <input type="radio"/> Michelin <input type="radio"/> Yokohama <input type="radio"/> Other _____	
	VEHICLE SPEED AT INCIDENT <b>25 MPH</b>	FAILED PART(S) <input checked="" type="radio"/> Original <input type="radio"/> Replacement	
HANDICAPPED ADAPTIVE <input type="radio"/> Yes <input checked="" type="radio"/> No	FAILED PART(S) AVAILABLE? <input type="radio"/> Yes <input checked="" type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input checked="" type="radio"/> No	

### APPLICABLE 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="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF PERSONS INJURED <b>0</b> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	CAUSE OF INCIDENT <input type="radio"/> Wear/Corroded/Rust <input type="radio"/> Weak/Poor Fill/Loose <input type="radio"/> Car/Loss <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Erratic/Poor Performance <input type="radio"/> Excessive Effort <input type="radio"/> Noisy <input type="radio"/> Leaks <input type="radio"/> Short <input type="radio"/> Locks/Strikes/Grabs <input type="radio"/> Stability/Vibration <input checked="" type="radio"/> Brake	RESULT OF INCIDENT <input type="radio"/> Explosion/Fire <input checked="" type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <b>0</b> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨		

PLEASE DO NOT WRITE IN THIS AREA



01347

Narrative description of incident(s), failure(s), crash(es), location(s), and injury(ies). Include additional accidents if applicable.

MAY 4, 2000 while driving  
MY 2000 STAFF VAN I  
CAME UPON A ROAD WAY  
STOP INTERSECTION, I  
APPLIED MY BRAKES BUT  
MY VAN KEPT TRAVELING  
CAUSING ME TO RUN THE  
STOP SIGN I COULD NOT  
STOP THE VEHICLE I  
HAD A VERY HARD TIME  
TRYING TO STEER THE VAN  
TO THE SIDE CURB. I  
REALIZED I HAD NO  
POWER STEERING AND  
NO POWER BRAKES, I  
HAD NO CURRENT WARNING  
OR THIS PROBLEM.  
I WAS TRAVELING APPROXIMATE  
45 MPH ON E ALASKA  
FROM MY HOME WHEN  
THIS HAPPENED.  
VEHICLE IDENTIFICATION NUMBER  
1GDDM19W3Y8500569

Continue on additional page if necessary.

Describe any additional incidents. (Include date and mileage)

The Privacy Act of 1974 (Public Law 93-502) 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.

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HS Form 350 (Rev. 8/98)

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL 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  
Office of Defects Investigation, NSA-10.01  
400 7th Street, SW  
Washington, DC 20590

Complete and return or place in your car manual for future use



**VEHICLE  
OWNER'S**

**QUESTIONNAIRE**

**(V00Q)**

**DOT AUTO SAFETY HOTLINE**

TO REPORT VEHICLE SAFETY DEFECTS  
COMPLETE THIS FORM  
OR

**DASH 2 DOT**

and dial toll free at

**1-888-DASH-2-DOT**

**1-888-327-4236**

DOT Auto Safety Hotline  
(DASH) 2 DOT



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

[www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)