



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

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 <i>10/11/00</i>	Order _____
Reference No.	rdt _____
	ndt _____
	uptr _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

SIGNATURE OF OWNER

DATE

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 2GTEK19A5V1506104	VEHICLE MAKE GMC	VEHICLE MODEL SIERRA PU	MANUFACTURE DATE	MODEL YEAR 1997
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"/> Saab <input type="radio"/> Toyota <input type="radio"/> VW				
PURCHASE DATE 10/97	<input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME PRIVATE	CITY SACRAMENTO	STATE CA
ENGINE SIZE 350cc (CID/CC/L)	FUEL SYSTEM <input type="radio"/> T-Lo <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
NO. CYLINDERS 8	RESTRAINT SYSTEM <input checked="" type="radio"/> Driver's Side Airbag <input type="radio"/> 2-Point Belt <input checked="" type="radio"/> Passengerside Airbag <input type="radio"/> Motorbelt <input checked="" type="radio"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No	
DRIVETRAIN <input type="radio"/> Front <input type="radio"/> Rear	VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle <input type="radio"/> Other		DOORS <input checked="" type="radio"/> 2-Door <input type="radio"/> 4-Door	BODY STYLE <input type="radio"/> Hatchback <input type="radio"/> Sedan <input checked="" 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 Light & Alarm <input type="radio"/> Engine & Cooling System <input type="radio"/> Equipment <input type="radio"/> Fuel System, Exhaust <input type="radio"/> Heater, Defrost, Ventilator <input type="radio"/> Interior <input type="radio"/> Parking Brake <input type="radio"/> Power Train <input 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 2a <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input checked="" type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE NUMEROUS	TIRE NAME	COMPLETE TIRE SIZE
	MILEAGE AT INCIDENT 45,000 MILES +	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 5-25 & SOMETIMES FASTER	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 checked="" type="radio"/> Yes <input type="radio"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="radio"/> Yes <input 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 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18	CAUSE OF INCIDENT <input type="radio"/> Wear/Corrosion/Rust <input type="radio"/> Noisy <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Loose <input type="radio"/> Cut/Torn <input type="radio"/> Short <input type="radio"/> Disconnect/Fell Off <input type="radio"/> Locks/Sticks/Glaze <input checked="" type="radio"/> Erratic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	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 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18		

PLEASE DO NOT WRITE IN THIS AREA



01627

000004 D11/8/00

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

THE STREET BECOMES QUITE
LOOSE AND IS DIFFICULT TO
KEEP ON THE ROAD- MOSTLY
AHEAD LOW VISIBLE
THIS COULD CAUSE AN ACCIDENT
ON ICE OR SNOWY ROADS

MY REARVIEW MIRROR THAT IS
AN ADJUSTMENT NEEDED TO
COLLECT THIS STREET
DEFECT BUT THE LOCAL
DEALER SAID I HAD TO
PAY FOR THE REPAIR.

SINCE THIS IS A BELLEVUE
STEERING AND EXTREME
SAFETY HAZARD, THE
MANUFACTURER SHOULD BE
REQUIRED TO REPAIR IT

Continue on additional page if necessary.
Describe any additional incidents. (Include date and mileage)
The Privacy Act of 1974—Public Law 93-502b 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 responses 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.
Mark Reflector by NCS EW-225238-1854321 HRP09 Printed in U.S.A.
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HS Form 350 (Rev. 8/98)


VEHICLE OWNER'S QUESTIONNAIRE (V00Q)



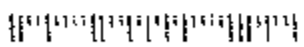
DOT AUTO SAFETY HOTLINE
TO REPORT VEHICLE SAFETY DEFECTS
COMPLETE THIS FORM
OR

DASH 2 DOT
and dial toll free at
1-888-DASH-2-DOT
1-888-327-4236
DOT Auto Safety Hotline
(DASH) 2 DOT




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National Highway Traffic Safety
Administration
www.nhtsa.dot.gov/hotline

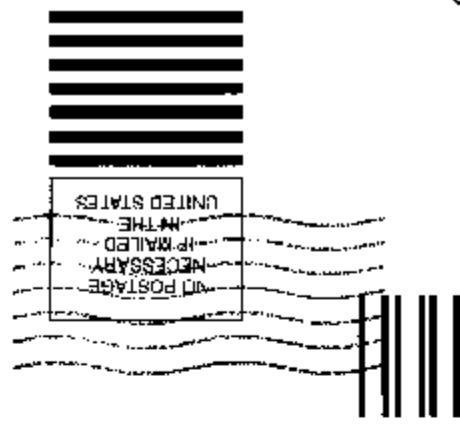
Complete and return or place in your car manual for future use



U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NSA-10.01
400 7th Street, SW
Washington, DC 20590

POSTAGE WILL BE PAID BY NATL. HWY. TRAFFIC SAFETY ADMIN.

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National Highway
Traffic Safety
Administration
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