



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>1/8/02</i>	Officer _____
Reference No.	Officer _____
	Officer _____
	Officer _____

### OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

### VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Reported at bottom of windshield on driver's side) <b>2GTEK19P3V1509485</b>	VEHICLE MAKE <b>97GMC</b>	VEHICLE MODEL <b>K1500 SIERRA</b>	MANUFACTURE DATE <b>091996</b>	MODEL YEAR <b>1997</b>		
VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> Daimler/Chrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW						
PURCHASE DATE <b>4-9-04</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	DEALER'S NAME <b>Ford Fullers Car Sales</b>	CITY <b>Springer, VA</b>	STATE <b>AZ</b>	ZIP CODE <b>85938</b>	
ENGINE SIZE <b>ICD/CC/L <u>5.7</u></b>	FUEL SYSTEM <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection	FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input type="checkbox"/> Yes <input type="checkbox"/> No
NO. CYLINDERS <b>8</b>	DRIVETRAIN <input type="checkbox"/> Front <input checked="" type="checkbox"/> 4-Wheel <input type="checkbox"/> Rear	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input type="checkbox"/> Spor. Utility <input type="checkbox"/> Motorcycle		DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Stationwagon	

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

COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lamps & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input checked="" type="checkbox"/> Visual Systems <input checked="" type="checkbox"/> Other <b>Windows &amp; hold wipers</b>	NO. OF FAILURES <table border="1"> <tr> <td><b>2</b></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td><b>0</b></td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>	<b>2</b>	1	2	3	4	5	6	7	8	9	<b>0</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).	
	<b>2</b>	1	2	3	4	5	6	7	8	9													
	<b>0</b>	1	2	3	4	5	6	7	8	9													
	INCIDENT DATE <b>Several times since we got it</b>	TIRE NAME	COMPLETE TIRE SIZE																				
MILEAGE AT INCIDENT <b>51,000</b>	VEHICLE SPEED AT INCIDENT <b>55 mph to 70 mph</b>	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____																					
FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement	HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				

### APPLICABLE INCIDENT INFORMATION

Please describe in detail the incident(s), failure(s), crashes, and injuries on the back of this form.	CRASH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <b>0</b>	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Concession/Rust <input type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Loose/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input checked="" type="checkbox"/> Poor Viability <input type="checkbox"/> Inadvertent Stalls <input type="checkbox"/> Roll-over <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF FATALITIES <b>0</b>	DON'T KNOW	

PLEASE DO NOT WRITE IN THIS AREA



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

Going on trip. Started raining. Very hard, wipers just stop. could not hardly see to find a place to pull over. Had to get out & move the electrical contact to the wipers. Then they came on. Pull back onto the road, a few miles, the wipers stop again. Very dangerous when driving in heavy rain & all of a sudden you can't see the road, or how to get out of the traffic. This needs to be fixed by the company. Other friends & I have picked these up. The same problem. It could cause a wreck & kill people.

Continue on additional page if necessary.

**Describe any additional incidents. (Include date and mileage)**

**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.

1. You are under no obligation to respond to this questionnaire. Your response will be used to assist the NHTSA in determining whether a manufacturer's product is subject to recall or safety defect. If the NHTSA proceeds with a recall or litigation against a manufacturer, your response, or a portion thereof, may be used in support of the agency's action.

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U.S. Department of Transportation

National Highway Traffic Safety Administration

400 Seventh St., S.W.  
Washington, D.C. 20590

Official Business  
Penalty for Private Use \$300



**BUSINESS REPLY MAIL**  
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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 (VQO)**

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