



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 1/8/02	Od-ur _____
Reference No.	rt-dt _____
	od-rt _____
	at-rt _____

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1G1TCT19W5X8531644		VEHICLE MAKE GMC	VEHICLE MODEL SONOMA	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"/> Daimler/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 <input type="radio"/> New <input checked="" type="radio"/> Used	DEALER'S NAME COOPER'S GMC	CITY MONROE	STATE LA	ZIP CODE	
ENGINE SIZE (CID/CC/L) 4.3	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 checked="" type="radio"/> Manual <input 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 checked="" type="radio"/> 3-Point Belt
NO. CYLINDERS 6	CRUISE CONTROL <input checked="" type="radio"/> Yes <input type="radio"/> No		DRIVETRAIN <input type="radio"/> Front <input checked="" type="radio"/> 4-Wheel <input type="radio"/> Rear		
VEHICLE TYPE <input type="radio"/> Car <input type="radio"/> Minivan <input checked="" type="radio"/> Truck <input type="radio"/> Other _____ <input type="radio"/> Van <input type="radio"/> Sport Utility <input type="radio"/> Motorcycle		DOORS <input 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 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 type="radio"/> Service Brakes <input type="radio"/> Steering <input type="radio"/> Structure <input type="radio"/> Suspension <input type="radio"/> Visual Systems <input checked="" type="radio"/> Other Ignition wiring stop ignition stop ignition stop	NO. OF FAILURES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (Include all number and letters).		
	INCIDENT DATE [REDACTED]	TIRE NAME	COMPLETE TIRE SIZE	
	MILEAGE AT INCIDENT 5000	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 100	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 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 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	CAUSE OF INCIDENT <input checked="" type="radio"/> Wear/Corroded/Rust <input type="radio"/> Nasty <input type="radio"/> Weak/Poor Fit/Loose <input type="radio"/> Leaks <input type="radio"/> Cut/Torn <input checked="" type="radio"/> Short <input type="radio"/> Disconnect/Fall Off <input type="radio"/> Locks/Sticks/Grabs <input type="radio"/> Exotic/Poor Performance <input type="radio"/> Stability/Vibration <input type="radio"/> Excessive Effort <input type="radio"/> Broken	RESULT OF INCIDENT <input checked="" type="radio"/> Explosion/Fire <input type="radio"/> Loss of Control <input type="radio"/> Poor Visibility <input type="radio"/> Inadvertent Start <input type="radio"/> Rollover <input checked="" type="radio"/> Stalls <input type="radio"/> Sudden Acceleration
	FIRE <input type="radio"/> Yes <input checked="" type="radio"/> No	NUMBER OF FATALITIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		

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

Between 35,000 & 36,000 miles the Spring High Rider developed a short in the electrical system. Blowing the ignition fuse, this causes the vehicle to stall. This continued until the wiring in the steering column started, causing the vehicle to stall in traffic & make coming from the steering column & from under the hood

Continue on additional page if necessary.
Describe any additional incidents. Include date and mileage!

Privacy Act of 1974—Public Law 93-502. The 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 an investigative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.
Form 886 (Rev. 8/99)

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

Department
of Transportation
**National Highway
Traffic Safety
Administration**
400 Seventh St., S.W.
Washington, D.C. 20590
Official Business
Penalty for Private Use \$300

Complete and return only this page in your car manual for future use



**VEHICLE
OWNER'S**

QUESTIONNAIRE

(VOCQ)

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