



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) 365-0123  
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 <u>1/17/02</u>	Order # _____
Reference No. _____	File # _____
	Case # _____
	Up-File _____

### OWNER INFORMATION (Type or Print)

### DAYTIME TELEPHONE NUMBER

### VEHICLE IDENTIFICATION INFORMATION

VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) <u>1G1TGK24F4VZ516836</u>	VEHICLE MAKE <u>GMC</u>	VEHICLE MODEL <u>Sierra</u>	MANUFACTURE DATE	MODEL YEAR <u>1997</u>
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VEHICLE MANUFACTURER

<input type="checkbox"/> BMW	<input type="checkbox"/> Ford	<input type="checkbox"/> Honda	<input type="checkbox"/> Nissan	<input type="checkbox"/> S. Isuzu	<input type="checkbox"/> Volvo	<input type="checkbox"/> Other
<input type="checkbox"/> DaimlerChrysler	<input checked="" type="checkbox"/> General Motors	<input type="checkbox"/> Hyundai	<input type="checkbox"/> Saab	<input type="checkbox"/> Toyota	<input type="checkbox"/> VW	

PURCHASE DATE <u>Dec 17, 1997</u>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	DEALER'S NAME <u>King Cadillac-Olds GMC Florence</u>	CITY	STATE <u>SC</u>	ZIP CODE <u>29501</u>
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ENGINE SIZE <u>6.5</u>	FUEL SYSTEM <input checked="" type="checkbox"/> Turbo <input type="checkbox"/> Fuel Injection	FUEL TYPE <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Gas	TRANSMISSION TYPE <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic	ANTILOCK BRAKES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	RESTRAINT SYSTEM <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> 3-Point Belt	CRUISE CONTROL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> 4-Wheel	VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	DOORS <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Sedan <input type="checkbox"/> Station wagon
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### FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT	NO. OF FAILURES	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
<input type="checkbox"/> Check Seat <input type="checkbox"/> Electrical Lights & 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 checked="" type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other	<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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20		

INCIDENT DATE <u>Dec, 2001</u>	TIRE NAME	COMPLETE TIRE SIZE
<u>40000</u>		

MILEAGE AT INCIDENT <u>40,000 and 80,000</u>	TIRE BRAND
VEHICLE SPEED AT INCIDENT	<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 <u>1st</u> <input checked="" type="checkbox"/> Replacement <u>2nd</u>	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
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### 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="checkbox"/> Yes <input checked="" type="checkbox"/> No	NUMBER OF PERSONS INJURED <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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Weak/Poor Fit/Luxate <input type="checkbox"/> Cut/Torn <input type="checkbox"/> Disconnect/Fall Off <input checked="" type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Noisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input checked="" type="checkbox"/> Lumps/Sticks/Grabs <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input checked="" type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> Rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration
	FIRE <input type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF FATALITIES <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 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20		

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.

The clutch springs come apart and the clutch erratically fails with no warning. In one incident, I was cranking the truck in a parking lot. The truck was in the reverse gear. As the truck cranked with the clutch still in, it began to proceed backwards. Luckily I was able to stall the engine and stepped the truck. The last incident occurred on the lake bank on my farm. If the water had not been so low due to dry weather, I might have drowned.  
When I spoke to GMC in Pontiac, Laura offered me \$500 to trade the truck. I cannot afford to trade now. Even worse, the owner may not be aware of the hazard. I think the condition is caused by the 4-wheel drive engineering.

Continue on additional page if necessary.

Describe any additional incidents. (include date and mileage)

The 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. 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. 8/99)



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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

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



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

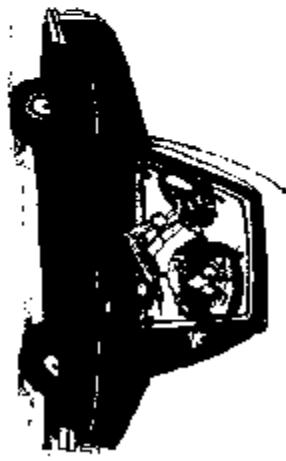
### DASH 2 DOT

and dial toll free at

### 1-888-DASH-2-DOT

### 1-888-327-4236

DOT Auto Safety Hotline  
(DASH) 2 DOT



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