

ODI Action Number: **EA02-015**

Date: **08-01-2002**

Subject: **GENERAL MOTORS CORPORATION
1999 – 2002 CHEVROLET SILVERADO AND GMC
SIERRA PICKUPS, CHEVROLET TAHOE,
SUBURBAN, AVALANCHE, GMC YUKON,
YUKONXL, CADILLAC ESCALADE SUV MODELS**

ALLEGED THROTTLE STICKING FAILURE

This file contains consumer letters received by the National Highway Traffic Safety Administration, which complain of the alleged defect that is the subject of this Engineering Analysis. It also contains correspondence between this agency and the manufacturer on the subject. Portions of that correspondence may be withheld where the manufacturer has claimed that they are confidential pursuant to the Freedom of Information Act, 5 U.S.C. § 552(b)(4), which exempts from disclosure confidential commercial and financial information. Additional documents relating to this Engineering Analysis may exist, but have not been included in this public file.

If you have any information or concerns you would like to discuss with NHTSA staff, please call the

TOLL FREE AUTO SAFETY HOTLINE

800-424-9393

(In the Washington, DC metropolitan area, please call 202-366-0123)

Also, if you wish to discuss the investigation with NHTSA staff, the HOTLINE contact representative will have a technical staff member return your telephone call.



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

ODI RESUME

INVESTIGATION: EA 02 - 015 DATE OPENED: 1-AUG-02
 SUBJECT: Throttle Sticking
 PROMPTED BY: PE02-021 - Chris Lash
 PRINCIPAL ENGINEER: Scott Yon

MANUFACTURER: General Motors Corporation
 MODEL (S): Chevrolet Silverado and GMC Sierra Pickups, Chevrolet Tahoe, Suburban, Avalanche, GMC Yukon, Yukon XL, Cadillac Escalade SUV models
 MODEL YEAR (S): 1999-2002
 VEHICLE POPULATION: 3,100,000 (approximate)

PROBLEM DESCRIPTION: The blade in the throttle body can stick in the closed position or less frequently in a partially open position. Excess pedal force required to free a stuck throttle can result in accelerator overshoot and vehicle surge, possibly resulting in a crash or injury.

FAILURE REPORT SUMMARY

	ODI	General Motors	TOTAL
COMPLAINTS:	114	826	940
CRASHES:	3	47	50
INJ. CRASHES:	0	3	3
# INJURIES:	0	3	3
FATAL CRASHES	0	0	0
OTHERS	-	229,383	229,383

Description of Other: Warranty claims related to throttle body repairs.

ACTION: An Engineering Analysis is opened.

ENGINEER:

DIV CHIEF:

OPC DIR:

DATE: 01 Aug 02

DATE: 8/1/02

DATE: 8-1-02

SUMMARY: With IE01-067 as a basis, PE02-021 was opened after ODI received complaints related to and outside the scope of General Motors (GM) Technical Service Bulletin (TSB) # 00-06-04-007 addressing increased accelerator pedal effort. The complaints concerned higher than expected throttle opening effort or failure to return to the closed position when released. An information request was submitted to GM on 8-Mar-02 and responses were made on 29-Apr-02 and 10-May-02.

Based on ODI review of the IR submission and the ODI Complaints database, the above complaint and crash counts have been established. The crashes found were mostly minor in nature with minor injuries. Warranty claims analysis suggests the subject problem occurs after in-service use of the vehicle and may reoccur with subsequent use after initial repair.

Continued on Page 2

VRS
8/5/02
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CONSUMER COMPLAINTS: ODI complaints have been reviewed to ensure relevance to this investigation. The number of manufacturer complaints quoted is taken from GM's 10-May-02 IR submission. ODI notes that a small percentage of the manufacturer's complaints are not related to this investigation.

CRASH COMPLAINTS: The ODI crashes identified have been reviewed to ensure relevance to this investigation. Crashes identified for the manufacturer are based on ODI analysis of the IR data. The review resulted in a larger number than reported in GM's 10-May-02 IR submission. Incidents where driver error or pedal misapplication may have been a factor were eliminated from both GM and ODI crashes.

WARRANTY CLAIMS: GM submitted details of warranty claims related to PE02-021. Claims were retrieved by labor operation J5485 - BODY, THROTTLE-R&R and J5490 - BODY UNIT, THROTTLE-REPLACE. More than 229,000 claims were reported (about 7% of population). Insufficient information exists to establish an accurate customer concern or precise failure mode, however based on random analysis of a verbatim text field, it is clear that the majority of claims (66% or more) appear to be related to the subject of this investigation. Analysis also supports a service usage related concern (as opposed to early life manufacturing concern). The average warranty repair occurs at 26,000 miles, 20 months past the date of manufacture. There are a significant number of repeat warranty repairs. There is a reduction in the volume of claims coincident with the date identified in TSB # 00-06-04-007, however claims are still being made.

GM POSITION: The design of the throttle body changed at the start of MY 1999 production (two degree, GEN III valve replaced existing five degree valve). GM has conducted several internal investigations resulting in subsequent changes in component design/assembly and the release of related service information. GM acknowledges two issues that can lead to high pedal opening effort: 1) that addressed by TSB # 00-06-04-007B (manufacturing concern), and 2) the formation of gummy coke deposits on the inside of the throttle bore. These deposits are believed to be the result of engine oil based phenol compounds that enter through the PCV system. A service procedure to address this issue is under development. GM stated in their IR that they do not believe the subject problem represents a safety defect.

ODI ANALYSIS/CONCLUSION:

An Engineering Analysis is opened to determine safety-related consequences and to confirm the scope of the affected population.

OCT 7 2002

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Lyndon R. Lic, Director
Product Investigations
General Motors Corporation
Mail Code 480-106-304
30500 Mound Road
Warren, MI 48090-9055

NVS-213sy
EA02-015

Dear Mr. Lic:

This letter is to advise you that the Office of Defects Investigation (ODI) of the National Highway Traffic Safety Administration (NHTSA) has upgraded its Preliminary Evaluation, PE02-021 of alleged throttle control malfunctions in certain model year (MY) 1999 through current production Chevrolet Silverado, GMC Sierra pickup trucks, Yukon, Tahoe and Escalade SUV model vehicles to an Engineering Analysis, EA02-015. As part of the investigation, this letter requests additional information from General Motors Corporation (GM).

This office has received a total of 101 complaints related to alleged throttle control concerns in MY 1999 to 2001 Silverado, Sierra, Yukon, Tahoe and Escalade models equipped with 4.8L, 5.3L or 6.0L V-8 engines. Three crashes have been reported with no injuries. A copy of each of the complaints is enclosed for your information, some of which are duplicative of those provided previously in connection with PE02-021 (Enclosure 1). The complaints allege throttle control concerns, some of which relate to the subject of technical service bulletin (TSB) #00-06-04-007 issued by GM in February of 2000.

Unless otherwise stated in the text, the following definitions apply to these information requests:

- **Subject vehicles:** All MY 1999 – current production Chevrolet Silverado, and GMC Sierra pickup trucks, and GMC Yukon, Chevrolet Tahoe and Cadillac Escalade SUV's equipped with 4.8L, 5.3L or 6.0L V-8 engines built with the subject component(s).
- **Subject component:** Mechanical throttle body assembly with part numbers identified in TSB #00-06-04-007, or any component of essentially the same design with prior or later part numbers

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- **GM:** General Motors Corporation, all of its past and present officers and employees, whether assigned to its principal offices or any of its field or other locations, including all of its divisions, subsidiaries (whether or not incorporated) and affiliated enterprises and all of their headquarters, regional, zone and other offices and their employees, and all agents, contractors, consultants, attorneys and law firms and other persons engaged directly or indirectly (e.g., employee of a consultant) by or under the control of GM (including all business units and persons previously referred to), who are or, in or after January 1, 1996, were involved in any way with any of the following related to the alleged defect in the subject vehicles:
 - a. design, engineering, analysis, modification or production (e.g. quality control);
 - b. testing, assessment or evaluation;
 - c. consideration, or recognition of potential or actual defects, reporting, record-keeping and information management, (e.g., complaints, field reports, warranty information, part sales), analysis, claims, or lawsuits; or
 - d. communication to, from or intended for zone representatives, fleets, dealers, or other field locations, including, but not limited to people who have the capacity to obtain information from dealers.

- **Alleged defect:** Sticking of the throttle blade in the throttle body in the closed or partially open position requires excessive pedal force to free the blade and as a consequence, accelerator overshoot occurs.

- **Document:** "Document(s)" is used in the broadest sense of the word and shall mean all original written, printed, typed, recorded, or graphic matter whatsoever, however produced or reproduced, of every kind, nature, and description, and all non-identical copies of both sides thereof, including, but not limited to, papers, letters, memoranda, correspondence, communications, electronic mail (e-mail) messages (existing in hard copy and/or in electronic storage), faxes, mailgrams, telegrams, cables, telex messages, notes, annotations, working papers, drafts, minutes, records, audio and video recordings, data, databases, other information bases, summaries, charts, tables, graphics, other visual displays, photographs, statements, interviews, opinions, reports, newspaper articles, studies, analyses, evaluations, interpretations, contracts, agreements, jottings, agendas, bulletins, notices, announcements, instructions, blueprints, drawings, as-builts, changes, manuals, publications, work schedules, journals, statistical data, desk, portable and computer calendars, appointment books, diaries, travel reports, lists, tabulations, computer printouts, data processing program libraries, data processing inputs and outputs, microfilms, microfiches, statements for services, resolutions, financial statements, governmental records, business records, personnel records, work orders, pleadings, discovery in any form, affidavits, motions, responses to discovery, all transcripts, administrative filings and all mechanical, magnetic, photographic and electronic records or recordings of any kind, including any storage media associated with computers,

including, but not limited to, information on hard drives, floppy disks, backup tapes, and zip drives, electronic communications, including but not limited to, the Internet and shall include any drafts or revisions pertaining to any of the foregoing, all other things similar to any of the foregoing, however denominated by GM, any other data compilations from which information can be obtained, translated if necessary, into a usable form and any other documents. For purposes of this request, any document which contains any note, comment, addition, deletion, insertion, annotation, or otherwise comprises a non-identical copy of another document shall be treated as a separate document subject to production. In all cases where original and any non-identical copies are not available, "document(s)" also means any identical copies of the original and all non-identical copies thereof. Any document, record, graph, chart, film or photograph originally produced in color must be provided in color. Furnish all documents whether verified by GM or not. If a document is not in the English language, provide both the original document and an English translation of the document.

- **Other Terms:** To the extent that they are used in these information requests, the terms "claim," "consumer complaint," "field report," "flect," "goodwill," "make," "model," "model year," "property damage," "property damage claim," "type," "warranty adjustment," and "warranty claim," whether used in singular or in plural form, have the same meaning as found in 49 CFR 579.4.

In order for my staff to evaluate the alleged defect, certain information is required. Pursuant to 49 U.S.C. § 30166, please provide numbered responses to the following information requests. Insofar as GM has previously provided a document to ODI, GM may either produce it again or identify the document, the document submission to ODI in which it was included and the precise location in that submission where the document is located. When documents are produced, the documents shall be produced in an identified, organized manner that corresponds with the information request letter (including the subparts). When documents are produced and the documents would not, standing alone, be self-explanatory, the production of documents shall be supplemented and accompanied by explanation.

If GM cannot respond to any specific request or subpart thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, name and position of the person(s) from, and the person(s) to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

Please repeat the applicable request verbatim above each response. After GM's response to each request, identify the source of the information and indicate the last date the information was gathered. If no information is available, please state so.

1. State the number of subject vehicles GM has manufactured for sale or lease in the United States. Furnish an electronic summary of the following information for all subject vehicles manufactured to date by GM in Microsoft Access 2000, or a compatible format, entitled "PRODUCTION DATA." A sample database with a pre-formatted table designed for this submission has been supplied (Enclosure 2).
 - a. Vehicle identification number (VIN);
 - b. Model;
 - c. Date of build;
 - d. Warranty start date (i.e., date sold); and
 - e. U.S. State in which the vehicle was first sold.

2. State the number of the following items relating to the alleged defect in the subject vehicles, other than those identified in GM's April 29, 2002 response to PE02-021, and provide Bates numbered hard copies of all documents relating thereto, from all sources, either received or authorized by GM, or of which GM is otherwise aware:
 - a. Owner and fleet reports;
 - b. Field reports, including all reports and requests for technical assistance from dealer personnel and/or zone offices;
 - c. Reports of, or requests for, roadside assistance or recovery;
 - d. Property damage reports, including claims, that do not involve a crash or fire;
 - e. Fire incident reports;
 - f. Crash, injury and fatality reports;
 - g. Subrogation claims;
 - h. Third-party arbitration proceedings where GM is a party to the arbitration; and
 - i. Lawsuits, both pending and closed, in which GM is or was a defendant or codefendant.

Furnish a total number for each item separately, and provide copies of all requested documents, whether or not they have been verified by GM. GM's response shall include, but not be limited to, (1) all reported incidents that have occurred or may have occurred, at least in part, due to circumstances, conditions, or problems caused by the alleged defect in the subject vehicles; (2) complaints or information provided by fleets, consumer groups, government agencies, insurance companies, and other entities that have provided such information to GM; and (3) all crash, injury, or fatal incidents, regardless of whether any claim, proceeding, or lawsuit is or was involved, or whether or not each has been verified by GM. Multiple incidents involving the same vehicle are to be counted separately.

For items "d" through "i," the documentation provided should also include GM's file number; a summary of alleged component failure and causal factors; GM's assessment of the failure with a description of the significant underlying facts and evidence; and identification of all involved parties, and, for subparts "g" through "i," the case caption, court, docket number, and filing date.

3. Furnish an electronic summary, in Microsoft Access 2000, or a compatible format, entitled "FIELD DATA," summarizing the documents provided in response to Item 2. For each document, include the following information in the summary:
 - a. GM's file number;
 - b. Category of action to which the document relates (e.g., complaint, field report, damage claim, injury claim, lawsuit, etc.);
 - c. Bates number(s);
 - d. Vehicle owner or fleet name (and fleet contact person), address, and telephone number;
 - e. Vehicle's VIN, make, model, model year and mileage at time of incident;
 - f. Incident date;
 - g. Report or claim date;
 - h. Whether a fire occurred;
 - i. Whether a crash occurred;
 - j. Whether property damage occurred;
 - k. Number of alleged injuries, if any; and
 - l. Number of alleged fatalities, if any.

A sample database with a pre-formatted table designed for this submission has been supplied (Enclosure 2). If GM has developed other tables with similar information related to the alleged defect in the subject vehicles, provide an electronic copy of each such table, describe its contents, and state when it was created.

4. State by model and model year the total number of warranty claims; extended warranty claims; requests for "good will," field, zone, or similar adjustments and reimbursements; and claims or repairs made in accordance with a procedure specified in a technical service bulletin or customer satisfaction campaign, other than those identified in GM's response to PE02-021, that have been received by GM to date that relate, or could relate, to the alleged defect in the subject vehicles. Describe the search criteria, including all labor operations and problem codes, used by GM in responding to this request. Provide separately an electronic copy of all labor operations, labor operation descriptions, problem codes and problem code descriptions applicable to the subject component, and state by make, model and model year the standard warranty coverage (in years and miles) for the subject component on the subject vehicles.

Also, furnish an electronic summary, in Microsoft Access 2000, or a compatible format, entitled "WARRANTY DATA," listing warranty claims for the subject component, including those contributing to the total count identified in GM's response to this request. Include the following information in the summary:

- a. GM's claim number;
- b. Vehicle owner's name, zip code, and telephone number;
- c. Vehicle identification number;
- d. Repair date;
- e. Repair mileage;
- f. Repair dealer's name, zip code and phone number;
- g. Labor operation number and description;
- h. Problem code and description;
- i. Replacement part number(s);
- j. Customer concern summary; and
- k. Dealer/technician comment summary.

A sample database with a pre-formatted table designed for this submission has been supplied (Enclosure 2).

5. State the total number of subject components that GM has sold that may be used in the subject vehicles by component name and part number (both service and engineering). For each component part number:
 - a. State the quantity sold by month and year;
 - b. Identify the supplier by name and address and provide the name, title, and telephone number of the appropriate point of contact at the supplier;
 - c. State its warranty coverage in time and mileage;
 - d. State its current and its normal service replacement stock level; and,
 - e. State, by model and model year, all vehicles in which it is used.

6. For each service procedure and TSB that GM has developed, is developing, or is planning to develop, that will increase the angle, off perpendicular, of the throttle blade at the closed position in any of the subject vehicles:
 - a. State its actual or projected publication date;
 - b. State, by make, model and model year, all vehicles to which it applies, or will apply;
 - c. Provide a copy of the most recent document in which it is embodied, whether in draft or final form, or if it has yet to be committed to writing, describe its likely contents, including graphics or drawings;
 - d. Identify, by part number, and describe all components installed, or to be installed, as a result of the service procedure or TSB;
 - e. State whether it includes any changes or modifications in the size of the air bypass hole in the throttle blade, and if so, explain in detail how the modifications are or would be

- made, including an identification and description of all parts and materials required for the modification;
- f. State the expected change in throttle blade angle (in degrees), and the expected tolerance (in degrees +/-), that will result from the service procedure or TSB;
 - g. State whether the service procedure or TSB will have any impact on any other vehicle component(s) or system(s), and if so, describe the impact and any effect, if any, on vehicle operation and safety;
 - h. State whether the service procedure or TSB will have any impact on existing service or scheduled maintenance operation(s), or on in-use vehicle emissions, and if so, describe all such impacts; and
 - i. State whether the service procedure or TSB has or will reduce or eliminate the occurrence of the alleged defect in the subject vehicles, and if so, state the extent to which it will do so and the reasons why.
7. For each throttle body design or manufacturing modification that GM has developed, is developing, or is planning to develop for use in the subject vehicles, which will result in an increase in the angle, off perpendicular, of the throttle blade at the closed position:
- a. State the actual or planned introduction date;
 - b. State whether it includes any changes or modifications in the size of the air bypass hole in the throttle blade, and if so, explain in detail how the modifications are or would be made, including an identification and description of all parts and materials required for the modification;
 - c. State the nominal closed throttle blade angle (in degrees) for any such modified design as well as the tolerance (in degrees +/-) anticipated due to normal manufacturing and component variability;
 - d. State how each value from question 7(c) compares to current or previous throttle body designs;
 - e. State how it impacts or would impact the manufacturing process and tooling for the throttle body assembly;
 - f. State whether it has or would have any impact on any other vehicle component(s) or system(s) and if so, describe the impact and its effect, if any, on vehicle operation and safety;
 - g. State whether it has or would have any impact on existing service or scheduled maintenance operation(s), or on in-use vehicle emissions, and if so, describe any such impact; and
 - h. State whether it has or will reduce or eliminate the occurrence of the alleged defect in the subject vehicles, and if so, state the extent to which it will do so and the reasons why.
8. Identify and describe in detail all studies, surveys, investigations, testing, assessments, evaluations, and other analyses, (hereinafter collectively referred to as 'activities') other than those identified in GM's April 29, 2002 response to PE02-021, that have been conducted, are

being conducted or are being planned by, or for, GM, regarding any service procedure or TSB identified in response to Request No. 6, or any design or manufacturing modification identified in response to Request No. 7 to address throttle body conditions in which there is an increased throttle blade angle off perpendicular at the closed position. For each such activity:

- a. State the actual or planned start date, subject, engineering group/supplier responsible, completion date (target date for actions not complete), and significant findings;
 - b. Provide copies of all final reports and presentations with the original file names and dates;
 - c. Provide copies of all other documents relating to the activity including all action plans, reports, and internal presentations, regardless of whether the documents are in interim, draft, or final form;
9. For each activity identified in response to Request No. 8 that involves testing:
- a. State the actual or planned identifier (serial number, code, sample number, etc) of any subject component(s) that have been or will be tested;
 - b. State by identifier the actual or planned closed position throttle blade angle(s) off perpendicular of any subject component(s) that have or will be tested; and
 - c. State by identifier the actual or planned in-service time and actual or planned mileage accumulation of any subject component(s) that have or will be tested.
10. State if any component(s) or kit(s), other than those required to install a prior or current design level throttle body, would be required to retrofit a new design level throttle body on earlier vehicles and, if already developed, state the part number(s) and application(s) of any such component or kit. State whether any new or additional service or maintenance processes are required to retrofit or maintain a new design level component on earlier vehicles.
11. The following questions refer to the study conducted by GM Warren Powertrain entitled "GEN III THROTTLE BODY STICKING" included with GM's April 29, 2002 response to PE02-021, as found in Attachment 6D, on Bates pages GM616 Att. 6D 26 through 39.
- a. Provide a complete copy of the report and all attachments in full color, or in an electronic format that contains full color;
 - b. Explain the terminology "RED X," "BOB," "WOW," "GREEN Y," and "5 PENNY TEST" as used in the report, and explain how a "5 PENNEY TEST" is conducted;
 - c. Provide further information so as to describe in detail how the testing process was conducted. For instance, was the testing performed on an in situ vehicle throttle system, or was some type of a simulator or model used? Was application of the throttle done by an operator's foot, as would be the case in normal driving, or was some other device used?;

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- d. State where the sample components tested in the study were obtained from and how they were determined to contain the alleged defect;
 - e. State whether the samples used in this study represented typical field failures, as would occur in a customer vehicle, and if so, the extent to which they represented such failures, and the basis for that opinion. Also state whether any of the samples represented a "worst case" example of a field failure;
 - f. For the chart shown on Bates 6D 34, state the units of the values shown on both axes;
 - g. For the chart shown on Bates 6D 34, explain the note at the left center of the page that states: "Potential energy is building and then an energy burst occurs at the spike". Specifically, does this mean that some 'event' occurred at the zero point on the horizontal axis (that began the storage of energy) and if so, what was that event and how was it identified (triggered)?;
 - h. State the units of the value on the horizontal axis of the chart on Bates 6D 35;
 - i. Explain the meaning of the statement "Implementation will be complete after release implementation of fixed orifice pcv Nov, 2001" found in the second paragraph at the top of Bates 6D 28;
 - j. Identify, by product name and model number, all components of the test and measurement equipment used to conduct this study, including but not limited to, transducers, filters, signal processors/conditioners and data recorders; and
 - k. Provide further information on how the experiment conducted as part of this study was set up, including any photographs, schematics, drawings, sketches, figures, and written descriptions or notes that were not included in GM's April 29, 2002 response to PE02-021.
12. State whether GM is able to supply, for ODI assessment, samples of throttle bodies that exhibit the defect noted in the study entitled "GEN III Throttle Body Sticking" and if so, state the number of samples and the date or dates they can be supplied. For any samples supplied, also provide the VIN, owner's name, component mileage and service life, and any service or warranty details of the subject vehicle.
13. Provide two samples of any new design level throttle body with an increased throttle blade angle off perpendicular at the closed position. If no such samples are available at present, state when they can be provided.
14. Provide engineering drawings and related definition and/or specification information for any prior or current subject component and any new or proposed design level of the subject component that GM is developing or is planning to develop.
15. Provide engineering drawings and related definition and/or specification information for any prior, current, new, or proposed throttle blades, incorporated in the subject components, that

GM has produced, developed or is planning to develop. Please ensure this information includes any changes in material specifications for the throttle blade.

16. Provide an updated version of the chart supplied in GM's response to PE02-021 dated April 29, 2002, Bates labeled GM616 Att. 6E 85, showing throttle body warranty incidence per thousand vehicles by build month and by time in service. Update the chart with data for all build months through current production. Include data for the LM7, LR4, LQ4 and L59 engine groups, and provide an individual chart for each of these four engine groups. Provide all charts in full color, or in an electronic format that contains full color.
17. Provide a chart or table relating throttle pedal displacement to throttle blade angle for each different throttle control system used in the subject vehicles that incorporates the subject component. Label each chart or table so as to identify the make, model, and model year it refers to.
18. In GM's response to PE02-021 dated April 29, 2002, two warranty claims had verbatim text field entries indicating the possible occurrence of an accident. Provide GM's complete warranty history and all owner information for VIN 2GCEC19T2Y1260478 and VIN 2GCEC19TXX1114845. The warranty information should include all fields identified in the WARRANTY DATA database sample provided (Enclosure 2).
19. State whether there are any inputs (of any type) to the ABS system on any subject vehicles related to throttle position. If so, explain how the ABS system would react if the throttle blade were to stick in the partially open position.
20. Furnish GM's detailed opinion of the alleged defect in the subject vehicles. Please include an assessment of the following:
 - a. The causal or contributory factors that may result in the alleged defect;
 - b. The failure mode;
 - c. The risk to motor vehicle safety that it poses;
 - d. What warnings, if any, the operator and other persons both inside and outside the vehicle would have that the alleged defect was occurring or the subject component was malfunctioning;
 - e. The reports included with this inquiry.

This letter is being sent to GM pursuant to 49 U.S.C. § 30166, which authorizes NHTSA to conduct any investigation that may be necessary to enforce Chapter 301 of Title 49 and to require the submission of information and production of things for inspection. It constitutes a new request for information, including production of documents and things. GM's failure to respond promptly and fully to this letter could subject GM to civil penalties pursuant to 49 U.S.C. § 30165 or lead to an action for injunctive relief pursuant to 49 U.S.C. § 30163. (Other

remedies and sanctions are available as well.) Please note that maximum civil penalties under 49 U.S.C. § 30165 have increased as a result of the enactment of the Transportation Recall Enhancement, Accountability, and Documentation (TREAD) Act, Public Law No. 106-414 (signed November 1, 2000). Section 5(a) of the TREAD Act, codified at 49 U.S.C. § 30165(b), provides for civil penalties of up to \$5,000 per day, with a maximum of \$15 million for a related series of violations, for failing or refusing to perform an act required under 49 U.S.C. § 30166. This includes failing to respond to ODI information requests.

If GM cannot respond to any specific request or subpart thereof, please state the reason why it is unable to do so. If on the basis of attorney-client, attorney work product, or other privilege, GM does not submit one or more requested documents or items of information in response to this information request, GM must provide a privilege log identifying each document or item withheld, and stating the date, subject or title, name and position of the person/s from, and the person/s to whom it was sent, and the name and position of any other recipient (to include all carbon copies or blind carbon copies), the nature of that information or material, and the basis for the claim of privilege and why that privilege applies.

GM's response to this letter, in duplicate, together with a copy of any confidentiality request, must be submitted to this office by November 25, 2002. Please include in GM's response the identification codes referenced on page one of this letter. If GM finds that it is unable to provide all of the information requested within the time allotted, GM must request an extension from Mr. Jeffrey Quandt at (202) 366-5207 no later than five business days before the response due date. If GM is unable to provide all of the information requested by the original deadline, it must submit a partial response by the original deadline with whatever information GM then has available, even if GM has received an extension.

If GM claims that any of the information or documents provided in response to this information request constitute confidential commercial material within the meaning of 5 U.S.C. § 552(b)(4), or are protected from disclosure pursuant to 18 U.S.C. § 1905, GM must submit supporting information together with the materials that are the subject of the confidentiality request, in accordance with 49 CFR Part 512, to the Office of Chief Counsel (NCC-30), National Highway Traffic Safety Administration, Room 5219, 400 Seventh Street, S.W., Washington, D.C. 20590. GM is required to submit two copies of the documents containing allegedly confidential information (except only one copy of blueprints) and one copy of the documents from which information claimed to be confidential has been deleted.

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If you have any technical questions concerning this matter, please call Mr. Scott Yon of my staff at (202) 366-6761.


Sincerely,

| S |

Kathleen C. DeMeter, Director
Office of Defects Investigation
Enforcement

Enclosure 1, 101 VOQ's with related information
Enclosure 2, One CD ROM disc with three files

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 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1058 Date Received 10-JUL-2002		Od_or _____ rt_dt _____ od_rt _____ up_ltr _____		
OWNER INFORMATION (Type or Print) [REDACTED] BIG SPRING TX				Reference No. 566614		Work Number _____ Home Number _____		
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.								
Signature of Owner _____				Date ____/____/____				
VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) (Located at bottom of windshield or driver's side) 2GTEK19T1X1550258		Vehicle Mak GMC	Vehicle Mode SIERRA	Vehicle Year 1999	Current Odometer Reading _____			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Siz (CID/CC/L) BCYL No Cylinders _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Be		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input checked="" type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION								
Component 08410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL			Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No of Failures 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____			Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No		
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)								
WHILE IN MOTION, THE ACCELERATOR STARTS TO STICK. CONSUMER HAS TO PRESS HARD ON THE GAS PEDAL TO RELEASE IT, CAUSING THE VEHICLE TO LUNGE FORWARD. *JG								

CONTINUE ON BACK IF NEEDED

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. 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.

<p style="text-align: center;">DOT Auto Safety Hotline</p> <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 1358</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Date Received 05-AUG-2002</td> <td style="width:30%;"> Od_or _____ rt_dt _____ ad_rt _____ up_tr _____ </td> </tr> <tr> <td colspan="2">Reference No. 8015529</td> </tr> <tr> <td colspan="2">Work Number _____</td> </tr> <tr> <td colspan="2">Home Number _____</td> </tr> </table>	Date Received 05-AUG-2002	Od_or _____ rt_dt _____ ad_rt _____ up_tr _____	Reference No. 8015529		Work Number _____		Home Number _____	
Date Received 05-AUG-2002	Od_or _____ rt_dt _____ ad_rt _____ up_tr _____								
Reference No. 8015529									
Work Number _____									
Home Number _____									
OWNER INFORMATION (Type or Print)									
<div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="background-color: black; width: 100px; height: 20px; margin: 0 auto;"></div> <p style="text-align: center;">NEWTOWN</p>									

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side) 1GCEK19TXYE176247	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manua. <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <u>12-JUL-2002</u> Mileage at Failure(s) <u>55000</u> Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No


APPLICATION 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	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>WHILE DRIVING AND TRYING TO ACCELERATE THROTTLE PEDAL WILL GET STUCK, AND WILL STAY AT THE SAME SPEED, CAUSING IT TO BE HARD FOR CONSUMER TO STOP. DEALER NOTIFIED. *AK</p>

CONTINUE ON BACK IF NEEDED

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. 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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DOT Auto Safety Hotline		FOR AGENCY USE ONLY	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received 01-SEP-2000	Od_or rt_dt od_rt up_ltr
[Redacted] IL [Redacted]		Reference No. 729935	Work Number Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located on bottom of windshield on driver's side) 2GCEK19T7X1277116	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999
Current Odometer Reading	Purchase Date 01-AUG-1999	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) 5.3L No Cylinders _____ <input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other <input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle
<input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	FAILED COMPONENT(S)/PART(S) INFORMATION		
Component 06400000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 12-FEB-2000 Mileage at Failure(s) 2300 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>WHEN WE FIRST NOTICED THE ACCELERATOR STICKING, THE DEALER WOULD NOT LOOK AT IT UNTIL THEY COULD DUPLICATE THE PROBLEM SO WE LITERALLY HAD TO SMASH OUR FOOT ON THE ACCELERATOR TO GET THE VEHICLE TO ACCELERATE. AT TIMES WE WERE TRYING TO CROSS 4 LANES OF TRAFFIC AND THE ACCELERATOR WOULD STICK IN THE MIDDLE OF THE INTERSECTION AT WHICH POINT THE DEALER COULD REDUPLICATE THE PROBLEM AND THE THROTTLE PLATE WAS CLEANED. APPROXIMATELY 1-2 MONTHS LATER IT BEGAN SHOWING THE SAME SYMPTOMS ONLY THIS TIME IT IS TAKING LONGER TO COMPLETELY STICK. IT WAS EXPLAINED TO ME THAT THE DEALER WILL NOT BE REIMBURSED FOR THE PARTS BY GM IF THEY CAN'T PROVE THE ACCELERATOR STICKS FIRST. MY QUESTION THEN IS DO I HAVE TO BE KILLED BY AN ONCOMING SE</p>			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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. 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.</small>			

U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	FOR AGENCY USE ONLY 252	

Do you intend to file a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (NHTSA WILL NOT provide your name and address to the vehicle manufacturer.)	Date <u>5/18/01</u>
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MAINTAINED INFORMATION (Type or Print)				
681103				
SC 29555				
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) 1GCEK19T4XE171303	Vehicle Make GMC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading 47743
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name <u>FENTER'S INC</u> City <u>JOHNSVILLE</u> State <u>SC</u> Zip Code <u>29555</u>		Engine Size (CID/CCL) <u>8</u> No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other		Body Style <input type="checkbox"/> Sport Utility <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410800	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) <u>08-MAY-2001</u> Mileage at Failure(s) <u>45500</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No


APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING PEDAL TO START GASOLINE FOR SPEED, PEDAL IS HARD. WHEN IT LOOSENS UP VEHICLE ACCELERATES. *AK

I HAVE NOT HAD AN ACCIDENT WITH THIS VEHICLE YET, BUT I HAVE COME VERY CLOSE TO HITTING ANOTHER VEHICLE IN A PARKING LOT WHEN THE GAS PEDAL FINALLY RELEASED.

CONTINUE ON BACK IF NEEDED
 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. 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.

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>		<p>FOR AGENCY USE ONLY 252</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received 08-MAY-2001</p>		<p>Ed_or _____ rt_dt _____ pd_rt _____ up_jti _____</p>	
<p>TIMOTHY _____ 691103</p>		<p>Work Number _____ Home Number _____</p>		<p>Reference No. 887753</p>	
<p>JOHNSONVILLE _____ SC _____ 29555</p>		<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>			
<p>Signature of Owner _____</p>		<p>Date _____</p>			
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) _____ <small>(Located at bottom of windshield on driver's side)</small></p>		<p>Vehicle Make GMC</p>	<p>Vehicle Model SILVERADO</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading _____</p>
<p>Purchase Date _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name _____ City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____ No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>
<p>Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel</p>		<p>Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Sport Ute <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>		
FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component 06410000</p>	<p>Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failure 0</p>	<p>Date(s) of Failure(s) _____ 08-MAY-2001 Mileage at Failure(s) _____ 45500</p>		<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damag _____</p>	<p>Reported to Profic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>WHEN APPLYING PEDAL TO START GASOLINE FOR SPEED, PEDAL IS HARD. WHEN IT LOOSENS UP VEHICLE ACCELERATES. *AK</p>					
<p>CONTINUE ON BACK IF NEEDED</p>					
<p>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. 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.</p>					

Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) [REDACTED] [REDACTED] 691604 [REDACTED] CLINTON TOWNSHIP MI [REDACTED]		Date Received 09-MAY-2001 Dd_or _____ rt_dt _____ pd_rt _____ up_tr _____ Reference No. 745104 Work Number [REDACTED] Home Number [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1GTEK19T4XE553041	GMC	SIERRA	1999
Purchase Date 01-JUN-1999	Dealer's Name _____		Engine Size (CID/CC/L) 5.3
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <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"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>ACCELERATOR PEDAL STICKES IN THE CLOSED POSITION (FOOT OFF OF THE PEDAL) THIS WAS FIRST NOTED AROUND 20,000 TO 24,000 MILES. DEALER CLEANED THROTTLE BODY (AROUND 28,000 TO 30,000 MILES) WHICH CORRECTED THE PROBLEM FOR ABOUT 6 MONTHS. THE ACCELERATOR PEDAL STICKS ABOUT 80 TO 90% OF THE TIME. THE CONCERN I HAVE IS THAT IF I AM BACKING UP TO A TRAILER FOR HOOK-UP OR BACKING OUT OF A PARKING SPACE, THAT IN MY EFFORTS TO RELEASE THE PEDAL, THE VEHICLE COULD LURCH, RESULTING IN PROPERTY DAMAGE OR BODILY INJURY.*AK</p>			
CONTINUE ON BACK IF NEEDED			
<p>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. 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.</p>			

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 117

Date Received: JUN 19 PM 2:04
24-MAY-2001
OFFICE OF DEFECTS INVESTIGATION

Od_or _____
rt_dtl _____
od_rf _____
up_itr _____

Reference No.
889127

OWNER INFORMATION (Type or Print)

OWNER: GENE
ADDRESS: FT GIBSON OK 74434
VIN: 693868

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 6/14/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side): 2GCEC19TDY1132708
Vehicle Make: CHEVROLET TRU
Vehicle Model: SILVERADO
Vehicle Year: 2000
Current Odometer Reading: 28,235
Purchase Date: 9-05-99
Dealer's Name: Courtesy Chevrolet
City: Muskogee State: OK Zip Code: 74401
Engine Size (CID/CYL): _____
No. Cylinders: _____
 Turbo Diesel Gas Fuel Injection

Transmission Type: Manual Automatic
Antilock Brakes: Yes No
Restraint System: 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control: Yes No
Drive Train: Front Rear 4-Wheel
Vehicle Type: Car Van Minivan Other
 Sport Ut Truck Motorcycle
Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 06400000
Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL
Location: Left Right Front Rear
Failed Part(s): Original Replacement
No. of Failures: Many
Date(s) of Failure(s): _____
Mileage at Failure(s): 27
Vehicle Speed at Failure(s): _____
Failed Part(s) Available? Yes No
NHTSA Previously Contacted? Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash: Yes No
Fire: Yes No
Number of Persons Injured: _____
Number of Fatalities: _____
Estimated Property Damage: _____
Reported to Police: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR WOULD STICK AT A STOP SIGN OR STOP LIGHT. IT WOULD SUDDENLY JUMP/JERK FORWARD. HAD TAKEN VEHICLE TO DEALERSHIP, BUT INFORMED CONSUMER VEHICLE WAS NOT UNDER WARRANTY. PART NEEDED TO BE CLEANED/ NOT REPLACED. T PROBLEM WAS SPORADIC OR INTERMITTENT AT TIMES.

AK The vehicle was purchased new by me in 9-05-99. The problem occurred quite early but thought that me would correct it. I told the Chev dealer at 22,000 miles when I took it in for a recall on the braking system. They couldn't find a convenient time to do the brake recall and told me to spray the linkage with penetrating oil. I cleaned the first time. The second time they told me that I would be charged \$40 to fix it. The 3rd time they said the charge would be 77. The accelerator on any of my previously owned vehicles has ever stuck.

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. 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.

cleaned the first time. The second time they told me that I would be charged \$40 to fix it. The 3rd time they said the charge would be 77. The accelerator on any of my previously owned vehicles has ever stuck.

I guess j'll wait until it causes an accident and see Chevrolet
like everyone else. Gene Corbett

Fold to show Return Address (No stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) IF APPLICABLE

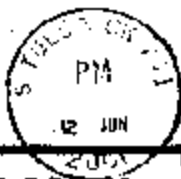
TIRE IDENTIFICATION NO.*										MANUFACTURER/TIRE NAME	SIZE	
D	Q	T										

* The identification number consists of 7 to 10 letters and numerals following the letters DQT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

U.S. G.P.O. 1982-523-887/82384

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
FIRST CLASS 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
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 117

Date Received

24-MAY-2001

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

889127

Work Number

Home Number

OWNER INFORMATION (Type or Print)

GENE

693968

FT GIBSON

OK 74434

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GCEC19T0Y1132708	CHEVROLET TRUC	SILVERADO	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CCA)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driveside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failure	Date(s) of Failure(s) 27	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR WOULD STICK AT A STOP SIGN OR STOP LIGHT. IT WOULD SUDDENLY JUMP/JERK FORWARD. HAD TAKEN VEHICLE TO DEALERSHIP, BUT INFORMED CONSUMER VEHICLE WAS NOT UNDER WARRANTY. PART NEEDED TO BE CLEANED/ NOT REPLACED. T PROBLEM WAS SPORADIC OR INTERMITTENT AT TIMES. *AK

CONTINUE ON BACK IF NEEDED

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 01 JUN 23 PM 12:06 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 438 Date Received 01 JUN 2001 OFFICE DEFECTS INVESTIGATION	
	OWNER INFORMATION (Type or Print) LAURA 695232 EAGLE PASS TX 78852		Reference No. 889559 Work Num Home Number	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 06/20/01

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) IGTEC19T0XZ-5J3682 NOT AVAILABLE	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading	Purchase Date 06/99	Dealer's Name Park Place	Engine Size (CID/CC/L) No Cylinders
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City San Antonio State TX Zip Code		Engine Type <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport UT <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 01-MAR-2001 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE STICKS WHEN PRESSING DOWN TO TAKE OFF. VEHICLE JERKS AND CAN GO FASTER THAN INTENDED IF BRAKES ARE NOT APPLIED QUICKLY ENOUGH. DEALER STATED THEY HAVE HEARD OF PROBLEM, BUT CONSUMER HAS TO COME UP WITH MONEY BEFORE THEY CAN LOOK AT VEHICLE. *AK


CONTINUE OR BACK IF NEEDED

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. You are under no obligation to respond 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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Auto Safety Hotline		FOR AGENCY USE ONLY 436	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 01-JUN-2001
	OWNER INFORMATION (Type or Print) LAURA 695232 EAGLE PASS TX 78852		Od_or _____ Rt_dt _____ Bd_rl _____ Up_itr _____ Reference No. 889559
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Printed at bottom of windshield on driver's side)</small> NOT AVAILABLE	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999
Current Odometer Reading _____	Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CYL) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injecto
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL-PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure _____	Date(s) of Failure(s) 01-MAR-2001 Mileage at Failure(s) 40000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</small>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THROTTLE STICKS WHEN PRESSING DOWN TO TAKE OFF. VEHICLE JERKS AND CAN GO FASTER THAN INTENDED IF BRAKES ARE NOT APPLIED QUICKLY ENOUGH. DEALER STATED THEY HAVE HEARD OF PROBLEM, BUT CONSUMER HAS TO COME UP WITH MONEY BEFORE THEY CAN LOOK ATVEHICLE. *AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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. 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.</small>			

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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 335 Date Received 06-JUN-2001 Reference No. 889912 Work Number _____ Home Number _____
OWNER INFORMATION (Type or Print) _____ 695946 MONTICELLO MN _____		Signature of Owner _____ Date _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1GCEK19TOYE109950	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 2001	Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Tra _____ <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> Sport Ltr <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06000000	Part Name(s) FUEL:CARBURETION:INJECTORS:THROTTLE CONTROL AND LIP	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 0	Date(s) of Failure(s) _____ Mileage at Failure(s) _____ 01-NOV-0200 20000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag _____	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES WHEN YOU PRESS ON GAS IT DOES NOT INGAUGE, ITS STICKING IN THE THROTTLE BODY, AND WHEN IT DOES INGAUGE IT CAUSED VEHICLE TO TAKE OFF AT A RAPIDLY ACCELERATION. TOOK TO DLR AND THEY CLEANED THROTTLE BODY AND PROBLEM STOP FOR A COUPLE OF MONTHS BUT IT DID NOT CORRECT THE PROBLEM.

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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<p style="text-align: center;">Auto Safety Hotline Vehicle Owner's Questionnaire</p> <p style="text-align: center;">NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	FOR AGENCY USE ONLY 335	
	Date Received 12-JUN-2001	Drur _____ T_d1 _____ Pd_rt _____ Up_itr _____
OWNER INFORMATION (Type or Print)		
[Redacted Name and Address]		696597 PA [Redacted]
Work Number [Redacted]		Home Number [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) <small>(located in front of windshield or driver's side)</small> 2GCEK19T4X1295931	Vehicle Make CHEVROLET TRUC	Vehicle Model 1500	Vehicle Year 1999	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	Turbo _____ Diesel _____ Gas _____ Fuel Injectio _____
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <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"/> Other		Sport Util Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 0	Date(s) of Failure(s) 01-JUN-2001 19856 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalite 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(ES)

WHEN PRESSING THE GAS PEDAL IT IS REALLY HARD AND WON'T GO DOWN, THEN, CONSUMER STATES UNEXPECTEDLY GAS PEDAL WILL GO TO FLOOR FROM ALL PRESSURE, AND VEHICLE GOES FLYING. CONSUMER CONTACTED DEALER, AND DEALER SAID THROTTLE BODY NEEDED SERVICING.*AK

CONTINUE ON BACK IF NEEDED

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. 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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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>

FOR AGENCY USE ONLY 788

Date Received

15-JUN-2001

Od_or _____
rt_dt _____
bd_rt _____
up_ltr _____

Reference No.

890466

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____

Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small> N/A	Vehicle Make GMC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
---	---------------------	----------------------------	----------------------	--------------------------

Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCA) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
--	--	--	--

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
--	---	--	--	--	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 01-JUN-2000 37 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHENEVER AT A COMPLETE STOP CONSUMER HAD TO TAP ON GAS PEDAL SO TH AT VEHICLE WON'T ACCELERATE TO FAST. BUT WHEN DOING THIS, PEDAL GOT STUCK, AND REARENDED OTHER VEHICLE IN FRONT OF HIM. CONSUMER HAS CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING. *AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 335

Date Received

18-JUN-2001

Ed_or _____
rt_dt _____
pt_rt _____
up_itr _____

Reference No.

890536

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GCEC14T6XZ104683	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
--	--	---	---

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utit <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure	Date(s) of Failure(s) 18-APR-2001 52000	Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	---------------------	--------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GAS PEDAL IS HARD WHEN PRESSING DOWN ON IT. ALL OF A SUDDEN GAS PEDAL WILL RELEASE AND AND VEHICILE WILL JUMP FORWARD. CONSUMER STATES THAT DEALER HAS BEEN CONTACTED. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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. 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.

 <p>DDT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4235 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 436</p> <p>Date Received: <u>26 JUN 2001</u> Office: <u>DEFECTS INVESTIGATION</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>[Redacted] <u>699053</u> [Redacted] <u>SIX MILE</u> <u>SC</u> [Redacted]</p>				<p>Reference No. <u>891197</u> Work Number: [Redacted] Home Number: [Redacted]</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date <u>1/1</u></p>					
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <u>1GCEC14V3XZ144978</u> <small>(Recorded at bottom of windshield on driver's side)</small>		Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>SILVERADO</u>	Vehicle Year <u>1999</u>	Current Odometer Reading <u>29,0</u>
Purchase Date _____ <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo Diesel Gas Fuel Injection	
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____				
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component <u>07300000</u> <u>06400000</u>	Part Name(s) <u>POWER TRAIN: TRANSMISSION/AUTOMATIC</u> <u>FUEL: THROTTLE LINKAGES AND CONTROL</u>		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>2</u>	Date(s) of Failure(s) <u>04 APR 2001 5/7/01 and 4/25/01</u> Mileage at Failure(s) <u>28000 32488</u> Vehicle Speed at Failure(s) <u>all</u>			Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>VEHICLE WILL NOT GO INTO DRIVE AFTER IT SITS FOR A WHILE. VEHICLE WILL START UP, BUT ONCE IT GOES IN DRIVE ENGINE WILL REV, BUT NO MOVEMENT. PROBLEM SEEMS TO BE INTERMITTENT. DEALER COULDN'T FIND ANYTHING WRONG WITH VEHICLE. CONSUMER IS CONSIDERING GETTING A SECOND OPINION. *AK (Consumer considered possibility of brake pedal not being depressed fully and applied more pressure but to no avail.</p>					
CONTINUE ON BACK IF NEEDED					
<p>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. 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.</p>					

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U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT

1-888-327-4236

www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 2B4

Date Received

28-MAR-2001

Ord. or
rs. dt
od. rt
up. fr

Reference No.

884433

Work Number

Home Number

OWNER INFORMATION (Type or Print)

CAROL

883267

ISLETON

CA

95641

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

4/16/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCE19T8Y108100	CHEVROLET TRU	SILVERADO	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Anti-lock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08410090	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No of Failures	Date(s) of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		25		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE STICKS INTERMITTENTLY. DEALER HAS NOT BEEN ABLE TO DUPLICATE PROBLEM.*AK

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 284

Date Received: **28-MAR-2001**
 Od_or _____
 r_dt _____
 ud_rt _____
 up_itr _____

Reference No.
884433

OWNER INFORMATION (Type or Print)

CAROL _____ **683257**
ISLETON _____ **CA** **95641**

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1GCE19T8Y108100	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


THROTTLE STICKS INTERMITTENTLY. DEALER HAS NOT BEEN ABLE TO DUPLICATE PROBLEM.*AK

CONTINUE ON BACK IF NEEDED

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. 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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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 30-MAR-2001	Od. or rt. dr. od. fr. up. fr. _____ _____ _____ _____
OWNER INFORMATION (Type or Print)		Reference No. 884685	
KENNETH 663853		Work Number _____	
LIMON CO 80826		Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date 4/26/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 2GTEK19TXX1524340	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999 Current Odometer Reading 37117
Purchase Date Feb 1999	Dealer's Name Suss Pontiac		Engine Size (CID/CCL) V8 <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection No Cylinders _____
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Aurora State CO Zip Code 80015		
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"/> 3-Point Belt <input type="checkbox"/> Motorcylt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Tran <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 01-FEB-2000	Mileage at Failure(s) 35555 + 20189 + 25527 + 30969	Vehicle Speed at Failure(s) _____ Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____ Estimated Property Damage _____ Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ACCELERATOR PEDAL WILL STICK WHEN CONSUMER TAKES FOOT OFF PEDAL, VEHICLE WILL KEEP GOING UNTIL CONSUMER APPLIES BRAKES. VEHICLE WILL ACCELERATE DURING THIS TIME.*AK <i>Accelerator sticks when trying to accelerate. Once you push it hard enough to accelerate the truck jumps forward or backward.</i>			
CONTINUE ON BACK IF NEEDED			
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. 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.			

Auto Safety Hotline		FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 30-MAR-2001
	OWNER INFORMATION (Type or Print)		Ord. or pt. dt pd. rt up. hr Reference No. 8846B5
KENNETH 683853 LIMON CO 80828		Work Number Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date: ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19TXX1524340	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999
Current Odometer Reading		Engine Size (CID/CC) _____ No. Cylinders _____	
Purchase Date: <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 01-FEB-2000 35555 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ACCELERATOR PEDAL WILL STICK WHEN CONSUMER TAKES FOOT OFF PEDAL. VEHICLE WILL KEEP GOING UNTIL CONSUMER APPLIES BRAKES. VEHICLE WILL ACCELERATE DURING THIS TIME.*AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
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. 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.			

<p style="text-align: center;">Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 117</p> <p>Date Received 06-APR-2001</p> <p>Reference No. 885277</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 685196</p> <p>DIAMOND HEAD MS _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1GTEK19TZXE528848	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive (rai) <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 00400000 07421000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL POWER TRAIN DRIVESHAFT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 3	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE BODY STICKS WHILE DRIVING. HAD BUILT UP DIRT AND VARNISH. THIS CAUSED VEHICLE TO LUNGE FORWARD WHEN PRESSING ON PEDAL. DRIVETRAIN MAKES A CLUNKING NOISE DUE TO A LACK OF LUBRICATION. THIS CAN CAUSE TEETH NOT TO MESH CORRECTLY*AK

CONTINUE ON BACK IF NEEDED

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. 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.

<p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 160	
	Date Received: <p style="text-align: center; font-size: 1.2em;">11-APR-2001</p>	Oct__ rt__ od__ up__
OWNER INFORMATION (Type or Print)		
[Redacted] 685964 [Redacted] FOREST HILLS MD		
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		
Signature of Owner _____		Date <u>11</u>

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 1GTEK19T3YE120361	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 2000	Current Odometer Reading 28,401	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>JONES Chrysler Plymouth GMC</u> City <u>BELAIR</u> State <u>MD</u> Zip Code _____		Engine Size (CID/CC/L) <u>5.3</u>	No Cylinders <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other _____ <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06400000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 25 (est)	Date(s) of Failure(s) <u>over past year</u> Mileage at Failure(s) <u>26845</u> Vehicle Speed at Failure(s) <u>stopped</u>	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

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS IN A CLOSED POSITION, AND THEN IT WILL SUDDENLY TAKE OFF, WHICH CAN CAUSE A LOSS OF VEHICLE CONTROL. DEALER CLAIMS DEFECT IS DUE TO A DIRTY THROTTLE BODY. THROTTLE BODY SHOULD BE CLEANED EVERY 15,000 MILES. CONSUMER IS UPSET BECAUSE THIS INFORMATION IS NOT STATED IN OWNER'S MANUAL.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 160

Data Received
11-APR-2001

Model Year
Make
MPG

Reference No.

885713

Week Number

Home Number

OWNER INFORMATION (Type or Print)

685964

FOREST HILLS

MD

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>It is located on bottom of windshield on driver's side</small> 1GTEK19T3YE120361	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealers Name City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Utl Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
--	---	---	--	--	--	-------------------------------	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS IN A CLOSED POSITION, AND THEN IT WILL SUDDENLY TAKE OFF, WHICH CAN CAUSE A LOSS OF VEHICLE CONTROL. DEALER CLAIMS DEFECT IS DUE TO A DIRTY THROTTLE BODY. THROTTLE BODY SHOULD BE CLEANED EVERY 15,000 MILES. CONSUMER IS UPSET BECAUSE THIS INFORMATION IS NOT STATED IN OWNER'S MANUAL. 'AK

CONTINUE ON BACK IF NEEDED

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. 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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 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	FOR AGENCY USE ONLY 125	
		<p>Date Received <u>13-APR-2001</u> <i>OFFICE OF SAFETY RECALLS</i></p>	<p>Od. or rt. or front or rear up. ltr _____ Reference No. <u>885860</u> Work Num _____ Home Number <u>SAME</u></p>
<p>OWNER INFORMATION (Type or Print) JOEL 886316 FT MILL SC 29708</p>			

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 4/24/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> <u>1GTEC14T6XE547780</u>	Vehicle Make <u>GMC</u>	Vehicle Model <u>SIERRA</u>	Vehicle Year <u>1999</u>	Current Odometer Reading <u>23,247</u>		
Purchase Date <u>OCT. 2000</u>	Dealer's Name <u>DICK KEFFER PONTIAC & AC</u>		Engine Size (CID/CC/L) <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>CHARLOTTE</u> State <u>N.C.</u> Zip Code <u>28273</u>		No Cylinders			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input checked="" type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>65410000</u>	Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>20+</u>	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s) <u>19,500 WHEN ACCELERATING</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es) and injuries on the back of this form)					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN VEHICLE IS PUT INTO GEAR TO START ACCELERATOR PEDAL STICKS. DEALER DIAGNOSED PROBLEM AS CARBON BUILD UP. PLEASE GIVE ANY FURTHER DETAILS. *AK DICK KEFFER SOLD ME THE NEW TRUCK WITH A 36 MO. 36,000 MI BUMPER TO BUMPER WARRANTY. IT IS ABSURED TO SAY THIS FALLS UNDER WARRANTY. A THROTTLE STICKING IS A VERY DANGEROUS THING TO HAVE HAPPEN WITH ANY VEHICLE, MUCH LESS AN ALMOST NEW ONE. DICK KEFFER INFORMED ME IT WOULD COST \$156.00 TO FIX MY ACCELERATOR PEDAL AND MAKE IT STOP STICKING. MY POSITION

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency.

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 Information Management Staff NSA-10.01
 400 7th Street, SW
 Washington, DC 20590

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN.

BUSINESS REPLY MAIL
 FIRST CLASS PERMIT NO. 7373 WASHINGTON, D.C.

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

NO POSTAGE
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 IF MAILED
 IN THE
 UNITED STATES



PS USA 6700 100-62487/1000

IS THAT THIS HAS TO BE COVERED UNDER THE WARRANTY.
 I INFORMED DICK KEEFER THAT IF ANYTHING HAPPENED
 THAT I WOULD SEE NOT ONLY DICK KEEFER GMC BUT
 GENERAL MOTORS CORP.

I feel that this condition with the metal sticking
 will only get worse with time and needs to be fixed
 as soon as possible. I appreciate any help the
 N.H.T.S.A. can give me to resolve this problem.

Thank you

Fold to show Return Address (no stamp needed). Fasten with tape or staple and mail.

INFORMATION ON TIRE FAILURES (IF APPLICABLE)									
TIRE IDENTIFICATION NO.									
MANUFACTURER/TIRE NAME									
SIZE									
The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.									
NARRATIVE DESCRIPTION (CONTINUED)									

4/0



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 125

Date Received
13-APR-2001

Od_or _____
rt_dt _____
od_rt _____
up_itr _____

Reference No.

885860

OWNER INFORMATION (Type or Print)

JOEL **686316**

FT MILL **SC** **29708**

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small>	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealers Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	--	--	--	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN VEHICLE IS PUT INTO GEAR TO START ACCELERATOR PEDAL STICKS. DEALER DIAGNOSED PROBELM AS CARBON BUILD UP. PLEASE GIVE ANY FURTHER DETAILS.*AK

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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<p style="text-align: center;">Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire</p> <p style="text-align: center;">NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 335</p> <p>Date Received 18-APR-2001</p> <p>Reference No. 886246</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ 686867</p> <p>MUKWONAGO WI _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on owner's side)</small> 1GCEK19V1XZ174167	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag		Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 0	Date(s) of Failure(s) 05-APR-2001 Mileage at Failure(s) 70000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalitie 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


WHEN PRESSING ON GAS PEDAL VEHICLE WON'T MOVE; THEN 1 SECOND, GAS PEDAL WILL KICK IN. CONSUMER FEELS THIS IS UNSAFE BECAUSE VEHICLE UNEXPECTEDLY JUMPS FORWARD.*AK

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 920	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 19-APR-2001	Od. or rt. dt dr. rt up. ltr
OWNER INFORMATION (Type or Print)		Reference No.	
RENE 686950 SALLY SPRINGS CA 95252		886315	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA will limit your name and address to the vehicle manufacturer.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Owner		Date 5/2/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
2GTEK19T6X1503881	GMC	SIERRA	1998
Current Odometer Reading	62,215		
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)
11-2000	Manteca Auto Plaza		8
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City	State	Zip Code
Manteca	CA		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driveside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
08410000 87483000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL POWER TRAIN:AXLE ASSEMBLY:BEARING:AXLE SHAFT	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	01-NOV-2000 Mileage at Failure(s) 80000 Vehicle Speed at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage		Reported to Police	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
EVER SINCE CONSUMER HAS OWNED THIS VEHICLE WITH 48,000 MILES ON IT AT TIME OF PURCHASE, THROTTLE WOULD STICK WHEN PUSHING DOWN ON ACCELERATOR PEDAL. THIS DEFECT OCCURRED MOSTLY DURING LOW SPEEDS, APPROXIMATELY 2 TO 3 TIMES A WEEK. DEALERSHIP WAS EXAMINING WHEEL BEARINGS. DEALER STATED THAT THROTTLE BODY NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK			
CONTINUE ON BACK IF NEEDED			
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. 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.			

Auto Safety Hotline		FOR AGENCY USE ONLY 920				
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 19-APR-2001	Od_or _____ Rt_dt _____ Pd_rl _____ Up_itr _____		
	OWNER INFORMATION (Type or Print) RENE 686950 SALLY SPRINGS CA 95252		Reference No. 886315			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Signature of Owner _____ Date ____/____/____				
VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19T5X15038B1	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading _____		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (C/D/O/C/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION						
Component 88410000 07463000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL POWER TRAIN AXLE ASSEMBLY BEARING AXLE SHAFT	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement			
No. of Failure _____	Date(s) of Failure(s) 01-NOV-2000 Mileage at Failure(s) 60000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)						
<p>EVER SINCE CONSUMER HAS OWNED THIS VEHICLE WITH 48,000 MILES ON IT AT TIME OF PURCHASE, THROTTLE WOULD STICK WHEN PUSHING DOWN ON ACCELERATOR PEDAL. THIS DEFECT OCCURRED MOSTLY DURING LOW SPEEDS, APPROXIMATELY 2 TO 3 TIMES A WEEK. DEALERSHIP WAS EXAMINING WHEEL BEARINGS. DEALER STATED THAT THROTTLE BODY NEEDED TO BE REPLACED. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.*AK</p>						
<small>(TURN THE CAR BACK OFFER)</small>						
<small>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. 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.</small>						

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 798	
Date Received MAY 20 2001 27-APR-2001	Od_or Mile od_m Up_Mr
Reference No. 886922	
Work Number	
Home Number	

OWNER INFORMATION (Type or Print)	
EDWARD	688948
STERLING HEIGHTS MI	48313

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 5/1/01

VEHICLE INFORMATION								
Vehicle Ident. No. (VIN) 2GTEC19T4X1535092	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading 40,100				
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CYL) 5.3	<input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection				
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 0640000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 4	Date(s) of Failure(s) 01-APR-2001 (5-2-01) (11-28-00) Mileage at Failure(s) 31,000 31,000 Vehicle Speed at Failure(s) 12,000 24,000	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

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage 125.00	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE BODY STICKS. IT IS HARD TO PUSH THE GAS PEDAL TO TRY TO ACCELERATE AT A SLOW SPEED. WHEN FINALLY PUSHING PEDAL IN THROTTLE WILL SNAP TOWARDS THE FLOOR. CONTACTED DEALER, AND DEALER HAS TRIED TO FIX EVERYTHING. THEY COULD GUESS WHAT HAS BEEN CAUSING THE PROBLEM BUT WITH NO SUCCESS.*AK

OVER

CONTINUE ON BACK IF NEEDED

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. 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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Fold to show Return Address (no stamp needed) Fasten with tape or staple and seal

INFORMATION ON TIRE FAILURES (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

THIS MET AN ISOLATED TRUCK PROBLEM. I HAVE THE NAMES OF 3 OTHER OWNERS OF 1999 & 2000 TRUCK & SUV'S THAT HAVE THE SAME PROBLEM. FROM 4000 MILES TO 36000 THE TRUCK WAS TAKEN BACK TO DEALER FOR THIS PROBLEM. EACH TIME THEY SAID THEY CLEANED THE THROTTLE BODY PROBLEM FIXED!! THE LAST TIME UNDER 36000 MI. WARRANTY. THEY TRIED TO CHARGE ME \$40.00 FOR CLEANING. AT 39,000 MI. TRUCK RETURNED TO DEALER FOR SAME PROBLEM. THEY SAID THEY INSTALL NEW THROTTLE BODY AND ENGINE? EACH TIME IT BEAN REPAIRED IT LASTED ABOUT 8-9000 MI. THIS TYPE OF FAILURE IS VERY UNSAFE. IT CAUSED ME TO BREAK OFF MY PASSENGER MIRROR UPON BACKING OUT OF GARAGE. THE NEXT TIME IT COULD BE A CAR OR PERSON HIT OR HURT!

- ON: 1-12-00 CLEANING
- 7-10-00 CLEANING
- 11-28-00 CLEANING (TRY TO CHARGE ME)
- 5-2-01 NEW THROTTLE BODY?

☆ U.S. G.P.O. 1992-682-870/0000

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

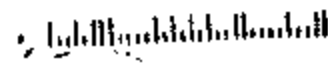


NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 78173 WASHINGTON, D.C.

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

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 798

Date Received
27-APR-2001

Ed_or _____
rt_dt _____
od_of _____
up_itr _____

Reference No.
886922

Work Number _____
Home Number _____

OWNER INFORMATION (Type or Print)

EDWARD 688948
STERLING HEIGHTS MI 48313

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GTEC19T4X1536092	GMC	SIERRA	1999	

Purchase Cat <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
---	--	--	---

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--	---	---	--	--	--	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	---	--	---

No of Failure	Date(s) of Failure(s) 01 APR-2001 39	Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE BODY STICKS. IT IS HARD TO PUSH THE GAS PEDAL TO TRY TO ACCELERATE AT A SLOW SPEED. WHEN FINALLY PUSHING PEDAL IN THROTTLE WILL SNAP TOWARDS THE FLOOR. CONTACTED DEALER, AND DEALER HAS TRIED TO FIX EVERYTHING. THEY COULD GUESS WHAT HAS BEEN CAUSING THE PROBLEM BUT WITH NO SUCCESS.*AK

CONTINUE ON BACK IF NEEDED

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<p style="text-align: center;">Auto Safety Hotline</p> <h2 style="text-align: center;">Vehicle Owner's Questionnaire</h2> <p style="text-align: center;">NATIONWIDE 1-800-424-8393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 758</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received 20-FEB-2001</td> <td style="width:50%;"> Odor _____ Ft. dt _____ Od. rt _____ Hp. rt _____ </td> </tr> <tr> <td colspan="2">Reference No. 880781</td> </tr> <tr> <td colspan="2">Work Number _____</td> </tr> <tr> <td colspan="2">Home Number _____</td> </tr> </table>	Date Received 20-FEB-2001	Odor _____ Ft. dt _____ Od. rt _____ Hp. rt _____	Reference No. 880781		Work Number _____		Home Number _____	
Date Received 20-FEB-2001	Odor _____ Ft. dt _____ Od. rt _____ Hp. rt _____								
Reference No. 880781									
Work Number _____									
Home Number _____									
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>_____ _____ 675332 _____ OWENSBOROUGH KY _____</p>									

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> IGGEC14T7XV111240	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading

Purchase Date	Dealer's Name _____	Engine Size (CID/CYL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Minor seat <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03250000 06410000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Features	Date(s) of Failure(s) 06 FEB 2001	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 55030		
	Vehicle Speed at Failure(s) _____		

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	---------------------------	---


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

BRAKE MODULE HAS GONE OUT ON VEHICLE. ALSO, GAS PEDAL STICKS. EVERY 10-15000 MILES CONSUMER HAS TO CLEAN OUT CARBON BUILT UP. *AK

CONTINUE ON BACK IF NEEDED

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. 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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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 117</p> <p>Date Received: FEB 14 PM 2:26-FEB-2001</p> <p>OFFICE: SAFETY INVESTIGATION</p>	<p>Old or light bulb up for</p> <p>Reference No. 881795</p>
	<p>OWNER INFORMATION (Type or Print)</p> <p>JOHN C 677425</p> <p>ANNAPOLIS MD 21401</p>		<p>Work Number</p> <p>Home Number</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: **3/9/01**

<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2GCE19V6X1267630 2GCE19V6X1267630</p>						<p>Vehicle's Make CHEVROLET TRU</p>	<p>Vehicle Model SILVERADO</p>	<p>Vehicle Year 1999</p>	<p>Current Odometer Reading 22412</p>
<p>Purchase Date</p> <p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>Dealer's Name FOX CHEV.</p> <p>City BALTIMORE State MD Zip Code _____</p>		<p>Engine Size (CID/CC) 5-2</p> <p>No. Cylinders 8</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection</p>					
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag</p>	<p>Cruse Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>			

FAILED COMPONENT(S)/PART(S) INFORMATION			
<p>Component D8410000</p>	<p>Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL</p>	<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures</p>	<p>Date(s) of Failure(s) Mileage at Failure(s) 22325 Vehicle Speed at Failure(s) AT REST ON ACCELERATION</p>	<p>Failed Part(s) Available?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously Contacted?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPLICATION INCIDENT INFORMATION					
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WAS DRIVING WHEN ACCELERATOR PEDAL WENT TO FLOOR, AND VEHICLE TOOK OFF WITHOUT WARNING. CHECKED & FOUND A TECHNICAL SERVICE BULLETIN ON PROBLEM. MECHANIC REFUSED TO REPAIR, PROBLEM WAS GETTING WORSE. *AK

→ would stick at rest. continued to put pressure on accelerator pedal and vehicle lurched forward. Tate Chev. Annapolis MD replaced throttle body to correct problem, a technical bulletin has been issued. this problem can be a hazard to people and property and should be a recall not just a technical bulletin to dealers.

CONTINUE ON BACK IF NEEDED

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. 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.

Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) JOHN C 677425		Date Received 28-FEB-2001	
ANNAPOLIS MD 21401		Reference No. 881796	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number Home Number	
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located on bottom of windshield on driver's side)</small> FILL IN	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 1999
Current Odometer Reading			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WAS DRIVING WHEN ACCELERATOR PEDAL WENT TO T FLOOR, AND VEHICLE TOOK OFF WITHOUT WARNING. CHECKED & FOUND A TECHNICAL SERVICE BULLETIN ON PROBLEM. MECHANIC REFUSED TO REPAIR, PROBLEM WAS GETTING WORSE.*AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
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. 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.			



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

19-FEB-2001

Ord. or

rt. dt

bd. rt

up. ltr

Reference No.

741146

OWNER INFORMATION (Type or Print)

ACWORTH

FL

677586

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GCEC19V2X1211393	CHEVROLET TRUCK	SILVERADO	1999	

Purchase Date 01-MAR-1999	Dealer's Name	Engine Size (CID/CC/L) 4.8L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No. Cylinders	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	--	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 500	Date(s) of Failure(s) 04-NOV-2000 37576 Mileage at Failure(s): 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fine <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GAS PEDAL CONSTANTLY STICKS WHEN TRYING TO ACCELERATE WHICH CAUSES THE VEHICLE TO LUNGE DANGEROUSLY AND UNEXPECTEDLY (I.E. FROM DEAD STOP OR WHILE ALREADY IN MOTION IF YOU REMOVE FOOT FROM ACCELERATOR PEDAL AND THEN TRY TO ACCELERATE AGAIN). THIS IS AN EXTREMELY HAZARDOUS SITUATION, ESPECIALLY WHEN TRYING TO START OUT FROM A DEAD STOP AND YOU HAVE TO INCREASE FOOT PRESSURE ON THE ACCELERATOR TO UNSTICK IT CAUSING THE VEHICLE TO LUNGE. THE NHTSA CONSUMER COMPLAINT PAGES ARE FULL OF THIS EXACT SAME SCENARIO, INVOLVING THIS VEHICLE AND THIS PROBLEM, AND THE MANUFACTURER HAS NOT ACCEPTED OWNERSHIP OF THIS OBVIOUS MALFUNCTION AND OBVIOUS MAJOR SAFETY CONCERN. THIS SHOULD BE HANDLED BY THE MANUFACTURER VIA A SAFETY RECALL ISSUE. *AK

CONTINUE ON BACK IF NECESSARY

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. 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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<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 920</p> <p>Date Received: 01-MAR-2001</p> <p>01-MAR-2001</p> <p>OFFICE EFFECTS INVESTIGATION</p> <p>Odor: _____ Oil: _____ Fluid: _____ Up: _____</p> <p>Reference No. 881854</p> <p>Work Number _____ Home Number _____</p>
<p style="text-align: center;">OWNER INFORMATION (Type or Print)</p> <p>WILBERT 677714</p> <p>CUBA MO 65453</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 3/20/01

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 1GCEK14T7XE126929	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading 41552		
Purchase Date 3-30-99	Dealer's Name Meier Chev		Engine Size (CID/CC/L) 5.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Sullivan	State MO	No. Cylinders V8			
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08410000 08300000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) 01-JAN-2001	Mileage at Failure(s) 40000	Vehicle Speed at Failure(s)
	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Families	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS, AND IT TAKES EXCESSIVE FORCE TO MOVE IT. HAS TAKEN VEHICLE TO DEALERSHIP AND BEEN TOLD THAT PROBLEM WAS IN FUEL INJECTION SYSTEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 920

Date Received
01-MAR-2001

Del_or _____
rt_dt _____
pd_rt _____
wp_itr _____

Reference No.
881854

Work Number _____
Home Number _____

OWNER INFORMATION (Type or Print)

WILBERT **677714**

CUBA **MO** **65453**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date **1 / 1**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1GCEK14T7XE126928	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbel <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Lift <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08410000 06300000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL FUEL:FUEL INJECTION SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 01-JAN-2001 40000	Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS, AND IT TAKES EXCESSIVE FORCE TO MOVE IT. HAS TAKEN VEHICLE TO DEALERSHIP AND BEEN TOLD THAT PROBLEM WAS IN FUEL INJECTION SYSTEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 258		
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 06-OCT-1999	Od. or rt. di _____ Od. rt up. ltr _____
	OWNER INFORMATION (Type or Print) _____ ROSEVILLE _____ CA _____		Reference No. 712897	Work Number _____ Home Number _____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				
Signature of Owner _____		Date _____		
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(If listed on front of windshield on driver's side)</small> 2GCEC19T3X1158847	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	
Purchase Date 01-DEC-1998		Dealer's Name _____	Current Odometer Reading _____	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) 5.3 L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 06400000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 2	Date(s) of Failure(s) 05-OCT-1999 Mileage at Failure(s) 10250 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)				
<p>THROTTLE STICKS AT IDLE POSITION AT RANDOM TIMES. THIS HAS BEEN A PROBLEM SINCE THE VEHICLE WAS NEW. THE DEALER ATTEMPTED TO REPAIR BUT SAID THEY FOUND NOTHING WRONG. VEHICLE IS CURRENTLY AT DEALERSHIP ATTEMPTING A SECOND REPAIR. STICKING SUSPECTED TO BE AT THE THROTTLE BODY ASSEMBLY, NOT THE PEDAL. ACCORDING TO SHOP MANUAL, VEHICLES WITH HIGH MILEAGE CAN EXHIBIT THIS PROBLEM WHEN EGR GASES CAUSE DEPOSITS ON THE THROTTLE BODY. ALSO HAVE NOTICED MULTIPLE TSB'S REGARDING THE EGR VALVE. SUSPECT THAT THERE MIGHT BE A CORRELATION.</p>				
CONTINUE ON BACK OF FORM				
<p>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. 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.</p>				

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received
01-MAR-2001

Od_or _____
R_dt _____
od_ft _____
up_jtr _____

Reference No.
8B1880

Work Number _____
Home Number _____

OWNER INFORMATION [Type or Print]

677760

DANSVILLE

IL

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 2GTEK19T8Y1541153	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/KCC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08400000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure	Date(s) of Failure(s) 12-JAN-2001 50000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


THROTTLE BODY STICKING. DEALER NOTIFIED, AND INFORMED CONSUMER NO RECALLS ON THAT PROBLEM. FEEL FREE TO PROVIDE ANY FURTHER DETAILS ON THIS MATTER. *AK

CONTINUE ON BACK IF NEEDED

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) [REDACTED] 678138 [REDACTED] CAMBRIDGE MA [REDACTED]		Date Received 22-FEB-2001 Reference No. 741301 Work Number [REDACTED] Home Number [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____ Date ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1GCEK19V0XE201592	CHEVROLET TRUC	SILVERADO	1999
Purchase Date 01-JUN-2099	Dealer's Name _____	Engine Size (CID/CC/L) 4.8 LI	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult. <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000 07421000 10121000	Part Name(s) ENGINE POWER TRAIN:DRIVESHAFT VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 15-JAN-2001 55000 Mileage at Failure(s) 45	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
		Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>THE COMPONENTS ON THIS TRUCK RANGING FROM THE ENGINE AND DRIVETRAIN, WINDOWS, STEERING GEAR AND SHAFTS, E-BRAKE LINES, FUEL PEDAL LINKAGE AND NOW THE FUEL GAE ITSELF HAS BEEN A CONSTANT SOURCE OF PROBLEMS FOR ME SINCE THE TURCH WES ONLY A FEW MONTHS OLD (8,000 MILES). CHEVROLET HAS ADMITTED THAT THEY KNWON OF MOST OF THE MAJOR PROBLEMS BUT HAS INDICATED THAT THEY ARE "WORKING ON A FIX". YET I HAVE TO CONTIUNE TO DRIVE THE VEHICLE. I NEED SOME HELP.ONSTA</p>			
CONTINUE ON BACK IF NEEDED			
<p>The Privacy Act of 1974 (Public Law 93-575) 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.</p>			

 <p>DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 758</p>
	<p>Date Recalled: 08-MAR-2001 OFFICE OF DEFECTS INVESTIGATION</p>	<p>Od_or: _____ M_dl: _____ Od_rt: _____ up_Br: _____</p>
<p>OWNER INFORMATION (Type or Print)</p>		<p>Reference No. 882450</p>
<p>TAMMY 879093</p>		<p>Work Number _____</p>
<p>PROSPERITY SC 29127</p>		<p>Home Number _____</p>

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: **3/19/01**

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> ZGCEC19T3Y1147866	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading 55549	
Purchase Date 12-99	Dealer's Name Youngs Chevrolet		Engine Size (CID/CC/L) 1500	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Whitmore State SC Zip Code _____		No Cylinders 8	<input type="checkbox"/> Fuel Injection	
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport UE <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 04410600	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures CONSTANT	Date(s) of Failure(s) 05-FEB-2001	Mileage at Failure(s) 54000	Vehicle Speed at Failure(s) _____
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	

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN APPLYING GAS CONSUMER HAS TO ALMOST STAND ON PEDAL TO GET PEDAL TO GO DOWN. DEALER ADMITTED THERE WAS A PROBLEM WITH GAS PEDAL STICKING.*AK

CONTINUE ON BACK IF NEEDED

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

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire (VOQ)
NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 187

Date Received 22-MAR-2001
 Did or
 Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Reference No. 883850
 Work Number _____
 Home Number _____

OWNER INFORMATION (Type or Print)

MELVIN _____ 661843
 CASPER WY 82608

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 4/30/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GTEK19T3XE515350	Vehicle Make GMC	Vehicle Model G SERIES	Vehicle Year 1999	Current Odometer Reading 43,624
---	----------------------------	----------------------------------	-----------------------------	---

Purchase Date FEB 1999	Dealer's Name B. G. Wyoming	Engine Size (CID/CC/L) 327	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Used	City Casper State WY Zip Code 82602	No Cylinders 8	

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"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input checked="" type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
---	---	--	--	---	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06418000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	---	---	--

No of Failures 1	Date(s) of Failure(s) 30-DEC-2000	Failed Part(s) Available? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 40000		
	Vehicle Speed at Failure(s) 0		

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	---------------------------	---


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING WOULD STEP GAS PEDAL AND VEHICLE WILL JUMP FORWARD, LIKE SUDDEN ACCELERATION. *AK
 started at 30,000, did not inform till 40,000
dealer
 should be a recall on this part

CONTINUE ON BACK IF NEEDED

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. 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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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire</h2> <p>NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>		<p>FOR AGENCY USE ONLY 107</p>	
<p>OWNER INFORMATION (Type or Print)</p>		<p>Date Received</p> <p>22-MAR-2001</p>		<p>Ord. no. _____ rt. dt. _____ pd. rt. _____ up. jtr. _____</p>	
<p>MELVIN _____ 681843</p>		<p>Work Number _____</p>		<p>Reference No. 883850</p>	
<p>CASPER _____ WY 82609</p>		<p>Home Number _____</p>			
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner _____ Date 1/1/</p>					
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) <small>(Located in corner of windshield or driver's side)</small></p> <p>1GTEK19T3XE515350</p>		<p>Vehicle Make</p> <p>GMC</p>	<p>Vehicle Model</p> <p>G SERIES</p>	<p>Vehicle Year</p> <p>1999</p>	<p>Current Odometer Reading</p>
<p>Purchase Date</p> <p><input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name _____</p> <p>City _____ State _____ Zip Code _____</p>		<p>Engine Size (CID/CC/L) _____</p> <p>No. Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio</p>
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
		<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input checked="" type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____</p>		<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____</p>	
FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component</p> <p>06410000</p>	<p>Part Name(s)</p> <p>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failure</p> <p>0</p>	<p>Date(s) of Failure(s) 30-DEC-2000</p> <p>Mileage at Failure(s) 40000</p>		<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
APPLICATION INCIDENT INFORMATION					
<p>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p> <p>0</p>	<p>Number of Fatalities</p> <p>0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>WHILE DRIVING WOULD STEP GAS PEDAL AND VEHICLE WILL JUMP FORWARD, LIKE SUDDEN ACCELERATION. *AK</p>					
<p>CONTINUE ON BACK IF APPLICABLE</p>					
<p>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. 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.</p>					

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Vehicle Owner's Questionnaire 702539 submitted 1/25/99 1:24:22 AM

Owner Information

home phone [redacted]
business phone [redacted]
fax [redacted]
email [redacted]

Roseville, CA [redacted]

Have NHTSA send signature card for authorization? No

Vehicle Information

vin 2GCEC19T3X1158847
make Chevrolet model Silverado year 1999
odometer 1700
purchase date 12/98 new or used? New body style Pickup Truck
dealer Century Chevrolet Main Street Woodland, CA
engine size 5.3L cylinders 8 fuel injection Y turbo N fuel type Gas
antilock br. Y cruise control Y drive train Rear
driver's airbags passenger's airbags seat belts
front Y front Y 3-point Y
side N side N 2-point N
motorized N

Incident(s)

Incident Number 1

failed component / part details

major assembly FUEL THROTTLE LINKAGES AND CONTROL

description

Table with 9 columns: location, original, number of failures, date of failure, mileage at failure, speed at failure, manufacturer contacted, NHTSA contacted. Row 1: NA, NA, Original, 1, 1/15/99, 1500, 0, N, N

incident details

Table with 7 columns: accident, fire, airbags deployed (driver's, passenger's), number of persons injured, number of fatalities, estimated property damage, police report filed. Row 1: N, N, front N, side N, front N, side N, 0, 0, 0, N

Tire Information


DOT number name manufacturer size

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Comments

Accelerator Linkage Sticks at Idle Speed. Causes pedal to travel too far once "unstuck", high power take offs from stopped.

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DOT Auto Safety Hotline		FOR AGENCY USE ONLY 117	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date received: APR 12 AM 9:30 23-MAR-2001 OFFICE DEFECTS INVESTIGATION	
JOHN C		Reference No. 884046	
682438		Work Number	
RACINE WI 53404		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner		Date 4/6/01	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GCET14T8YE204487	CHEVROLET TRU	SILVERADO	2000
Current Odometer Reading			
33410			
Purchase Date	Dealer's Name	Engine Size (CID/GCC)	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection
10-29-99	Boucher FRANK CHEVROLET	5.6	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City Racine State WI Zip Code 53406	No Cylinders	
Transmission Type	AntiLock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train	Vehicle Type		Body Style
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car Ven <input checked="" type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other		<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
08418000	FUEL THROTTLE LINKAGES AND CONTROL PEDAL	<input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) 30 Vehicle Speed at Failure(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Estimated Property Damage	Reported to Police		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WAS PUSHING ON ACCELERATOR PEDAL AND VEHICLE FAIL TO ACCELERATE FORWARD. PEDAL WAS STUCK AND THEN SUDDENLY WOULD TAKE OFF. PEDAL THROTTLE CABLE HAD RELEASED. TOOK TO DEALERSHIP, AND MECHANIC REPAIRED THROTTLE BODY.*AK			

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 117

Date Received

23-MAR-2001

Od_or _____
rt_dt _____
pd_rt _____
up_lfr _____

Reference No.

884045

OWNER INFORMATION (Type or Print)

JOHN C

682438

RACINE

WI

53404

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCET14T8YE204487	CHEVROLET TRUC	SILVERADO	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No of Failure	Date(s) of Failure(s) Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	30		

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------	----------------------	--------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WAS PUSHING ON ACCELERATOR PEDAL AND VEHICLE FAIL TO ACCELERATE FORWARD. PEDAL WAS STUCK AND THEN SUDDENLY WOULD TAKE OFF. PEDAL THROTTLE CABLE HAD RELEASED. TOOK TO DEALERSHIP, AND MECHANIC REPAIRED THROTTLE BODY.*AK

CONTINUE ON BACK IF NEEDED

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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received: **NO SEP 11 PM 12:17-AUG-2000**
OFFICE: **DEFECTS INVESTIGATION**

Od. or
od. rt
up. br
TION

Reference No.
868019

OWNER INFORMATION (Type or Print)

JAMES F. **627375**
MOUNTAIN VIEW AR 72560

Work Number: **SAME**
Home Number:

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA will not provide your name and address to the vehicle manufacturer.

Signature of Owner: _____ Date: **08/01/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2GCEC19T3X1123466	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading 29675
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Purchase Date 10-21-98	Dealer's Name TATE LAWRENCE CHEVROLET	Engine Size (CID/CCA) 5.3L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City MELBOURNE State AR Zip Code 72556	No. Cylinders 8	

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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410440	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input checked="" type="checkbox"/> Replacement
------------------------------	---	--	---

No. of Failures 1	Date(s) of Failure(s) 01-08-99 01-08-99 + 01-21-00	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mileage at Failure(s) 222000 26863	Vehicle Speed at Failure(s) 0	NHTSA Previously Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage N/A	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---------------------------------------	----------------------------------	---	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING ACCELERATOR PEDAL STICKS. TOOK VEHICLE TO THE DEALERSHIP, AND MECHANIC TOLD HIM THAT THOTTLE BODY WAS DEFECTIVE. DEALERSHIP REPLACED IT TWICE. CONSUMER STATED THAT WHEN STOPPING AT A RED LIGHT ACCELERATOR PEDAL ~~STICKS~~ STICKS. KAR

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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<p style="text-align: center;">DOT Auto Safety Hotline</p> <p style="text-align: center;">Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 252</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date Received 17-AUG-2000</td> <td style="width:50%;"> Od_or _____ rt_dt _____ od_rt _____ up_ltr _____ </td> </tr> <tr> <td colspan="2">Reference No. 868019</td> </tr> <tr> <td colspan="2">Work Number _____</td> </tr> <tr> <td colspan="2">Home Number _____</td> </tr> </table>	Date Received 17-AUG-2000	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____	Reference No. 868019		Work Number _____		Home Number _____	
Date Received 17-AUG-2000	Od_or _____ rt_dt _____ od_rt _____ up_ltr _____								
Reference No. 868019									
Work Number _____									
Home Number _____									
OWNER INFORMATION (Type or Print)									
JAMES 627375									
MOUNTAIN VIEW AK 72560									

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 2GCEC19T3X1123466	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading		
Purchase Date	Dealer's Name _____		Engine Size (CID/CCL) _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 15300000	Part Name(s) EQUIPMENT:SPEED CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) 04-AUG-1999 Mileage at Failure(s) 26437 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

HE SAID WHEN HE IS DRIVING HIS VEHICLE THE ACCELERATE PEDAL STICKS. HE TOOK THE VEHICLE TO THE DEALERSHIP THE MECHANIC TOLD HIM THAT THE THOTTLE BODY TO THE ENGINE WAS DEFECTED. THE DEALERSHIP REPLACED IT TWICE. THE CONSUMER STATED THAT WHEN YOU STOP AT THE LIGHT THE ACCELERATE PEDAL DOESN'T LET UP.


CONTINUE ON BACK SIDE

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. 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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DOT Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted] 580583 [Redacted] DUNSMUIR CA [Redacted]		Date Received 03-AUG-2000 Reference No. 726575 Work Number [Redacted] Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on drivers side)	Vehicle Make	Vehicle Model	Vehicle Year
1GCEC19T8YE188457	CHEVROLET TRU	SILVERADO	2000
Purchase Date 01-OCT-1999	Dealer's Name _____	Engine Size (CID/CC/L) 5.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05100000	Part Name(s) ENGINE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 4	Date(s) of Failure(s) _____ Mileage at Failure(s) 8750 Vehicle Speed at Failure(s) 1	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ENGINE MISSING/ROUGH IDLE. ABOVE 4500 FT ELEV AND ABOVE 65MPH = 19.6MPG. BELOW 4500 FT ELEV AND UNDER 65MPH = 16.6MPH. EMISSIONS CANNOT BE WORKING! FUEL = THROTTLE STICKS FROM IDLE AND WHEN ACCELERATING FROM COASTING.*AK			
(CONTINUE ON BACK IF NEEDED)			
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. 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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DOT Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print)		Date Received	Od_or _____ Rt_dt _____ Od_rt _____ Up_dtr _____
[REDACTED] 634223 YUKON OK [REDACTED]		27-AUG-2000	Reference No. 729268
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Number [REDACTED]	Home Number [REDACTED]
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Signature of Owner _____ Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1GTEK19T1XZ610219	GMC	SIERRA	1999
Purchase Date 01-FEB-1999	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3 Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <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"/> Other _____
			Sport Ut _____ Truck _____ Motorcycle _____ Pick Up Truck _____ Other _____
			Body Style <input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03260000 05100000 06400000	Part Name(s) BRAKES:HYDRAULIC:SHOE AND DRUM SYSTEM ENGINE FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 21-SEP-1999 Mileage at Failure(s) 18143 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
THE REAR ROTORS U-JOINT, CARBON BUILD UP ON THROTTLE, REPLACED WINDOW MOTOR USES 2 QTS OF OIL EVERY 400 TO 500 MILES, TRANSMISSION USES 1 QT OF OIL EVERY 20000 MILES, AIR CONDITIONER FAN DOES NOT WORK ON HIGH I BELIEVE THE THROTTLE BUILD UP IS A SAFETY ISSUE WITH THE GAS PETAL STICKING. WE HAVE A LEMON			
<small>200/PIECE OF A-PART # 122828</small>			
<small>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. 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.</small>			

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received
07-JAN-2002

Od_or
ri_dt
pd_rt
up_itr

Reference No.
8001683

Work Number

Home Number

OWNER INFORMATION (Type or Print)

732345

JAMESTOWN

LA

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small> 3GKEC16T7YG128171	Vehicle Make GMC	Vehicle Model YUKON	Vehicle Year 2000	Curen: Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
--	--	---	--

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ltr <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure	Dates of Failure(s) 15-NOV-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 65000		
	Vehicle Speed at Failure(s)		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS INTERMITTENTLY. DEALER NOTIFIED, AND INFORMED CONSUMER THAT PROBLEM WAS NOT COVERED UNDER A RECALL AND ANY REPAIRS WOULD BE AT CONSUMER'S COST. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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 U.S. Department of Transportation National Highway Traffic Safety Administration	NHTSA Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline	AGENCY USE ONLY 1999 DEFECTS OFFICE INVESTIGATION 13-JAN-2002 Reference No. 8002315
OWNER INFORMATION (Type or Print) JOHN 734251 BLUE SPRINGS MO 64014		Work Number _____ Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: 1/26/02


VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Located at bottom of window and on driver's side) 2GCEK19VXX1261445	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading 42,750		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name Molle Chevrolet City: Blue Springs State: MO Zip Code: 64014		Engine Size (CID/CC/L) No. Cylinders: 8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trn <input type="checkbox"/> Front Res <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut Truck <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 28-DEC-2001 Mileage at Failure(s) 42 Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

UPON INTIAL ACCELERATION GAS PEDAL STICKS WHEN DEPRESSING, CAUSING VEHICLE TO LURCH FORWARD. DEALER CONTACTED. AK

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 1039	
	Date Received 16-JAN-2002	Dd_or _____ rt dt _____ pd_n _____ pp_tr _____	Reference No. 8002315
OWNER INFORMATION (Type or Print)		Work Number _____ Home Number _____	
JOHN	734251		
BLUE SPRINGS	MO 64014		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GCEK19VXX1261445	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCAL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 28-DEC-2001	Mileage at Failure(s) 42	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

UPON INTIAL ACCELERATION GAS PEDAL STICKS WHEN DEPRESSING, CAUSING VEHICLE TO LURCH FORWARD. DEALER CONTACTED.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 259

Date Received

26-JAN-2002

Da_or

rt_dt

pd_rt

up_llr

Reference No.

757375

OWNER INFORMATION (Type or Print)

736142

YORBA LINDA

CA

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date: 1/27/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GCEC19T9X1186488	CHEVROLET TRUCK	SILVERADO	1999	

Purchase Date 01-FEB-1999	Dealer's Name	Engine Size (CID/CYL) 5.7L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	AntiLock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No. of Failure	Date(s) of Failure(s) 22-JAN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 33645		
	Vehicle Speed at Failure(s) 0		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalite 0	Estimated Property Damage	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

TRYING TO EASE FORWARD IN BUMPER-TO-BUMPER TRAFFIC, ACCELERATOR PEDAL IS RIGID. UPON PUTTING MORE PRESSURE, TRUCK LURCHED FORWARD HITTING ANOTHER VEHICLE'S BUMPER. I'VE NOTICED THIS MALFUNCTION SEVERAL TIMES DURING THE 3 YR. LEASE, BUT HAVE NEVER BEEN IN DANGEROUS SITUATION, THUS I HAVE NOT CONTACTED DEALER BEFORE THIS INCIDENT.*AK

CONTINUE ON BACK IF NEEDED

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. 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.



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 241

Date Received

11-FEB-2002

Od_or _____
Mn_dt _____
Mod_rt _____
Up_itr _____

Reference No.

8003861

OWNER INFORMATION (Type or Print)

738278

WABASHA

MI

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GCEK19T4X1189110	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
--	--------------------------------	----------------------------	----------------------	--------------------------

Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
--	---	---	---

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	---	--	---	---

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No. of Failure	Dates of Failure(s) 15-MAY-2001	Mileage at Failure(s) 60000	Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	---------------------	--------------------------	---


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE LINKAGES STICKING INTERMITTENTLY. DEALER AND MANUFACTURER WERE NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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. 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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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1362</p> <p>Date Received <u>12-FEB-2002</u></p> <p>Old or r_dt _____ od_rt _____ ystr _____</p> <p>Reference No. <u>8003926</u></p> <p>Work Number _____ Home Number _____</p>	
<p>OWNER INFORMATION (Type or Print)</p>					
<p>HOWARD</p>		<p>738452</p>			
<p>GRESHAM</p>		<p>OR</p>		<p>97080</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner _____</p>					<p>Date <u>2/4/02</u></p>
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1BTEC14V2X2251729</u></p>		<p>Vehicle Mfg <u>1500 2WD GMC Sierra</u></p>	<p>Vehicle Model <u>1/2 TON HONEY PU REG 403</u></p>	<p>Vehicle Year <u>1999</u></p>	<p>Current Odometer Reading <u>26,000</u></p>
<p>Purchase Date <u>6/30/99</u></p>	<p>Dealer's Name <u>WESTON GMC</u></p>		<p>Engine Size (CID/CYL) <u>4.8</u></p>	<p>No. Cylinders <u>6</u></p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas SFI <input type="checkbox"/> Fuel Injectio</p>
<p><input checked="" type="checkbox"/> New</p>	<p>City <u>GRESHAM</u> State <u>OR</u> Zip Code _____</p>		<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag</p>
<p> Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p> Drive Trail <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p> Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p> Sport Litr <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p> Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>	
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component <u>08410000 07000000</u></p>	<p>Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL PEDAL POWER TRAIN TRANSMISSION AUTOMATIC</u></p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No of Failures <u>15+</u></p>	<p>Date(s) of Failure(s) <u>ABOUT 15 TIMES</u></p>		<p>Mileage at Failure(s) _____</p>	<p>Vehicle Speed at Failure(s) <u>0</u></p>	<p>Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p>					
<p>Crash <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured <u>NONE SO FAR</u></p>	<p>Number of Fatalities _____</p>	<p>Estimated Property Damage _____</p>	<p>Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p><u>OR FORWARD</u></p> <p>WHEN VEHICLE IS IN REVERSE THROTTLE STICKS, AND THE VEHICLE DOES NOT SHIFT INTO SELECTED GEAR, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK AFTER THE VEHICLE SITS FOR A FEW MINUTES THE THROTTLES STICKS IN THE (CLOSED) POSITION. TO BREAK IT LOOSE YOU HAVE TO KEEP KEEP POSITIONING ON THE GAS PEDAL UNTIL IT MOVES. THIS CAUSES THE VEHICLE <u>13</u></p>					

CONTINUE ON BACK IF NEEDED

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

--	--	--	--	--	--	--	--	--	--	--	--	--	--

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

TO LURCH OUT OF CONTROL, IT'S SAFER TO PUT THE TRANSMISSION INTO NEUTRAL AND BREAK THE THROTTLE LOSE. ONCE UNDER WAY THE THROTTLE DOES NOT STICK IN THE CLOSE POSITION.

I WILL BE TAKING MY PICK UP BACK TO WESTON GMC MARCH 12 TH 2002 TO GET THIS REPAIRED

HOME PHONE

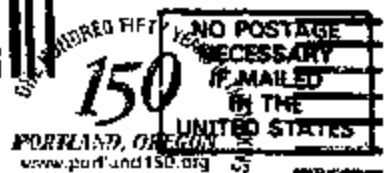
I WILL BE RETIRED AFTER MARCH 1ST.

☆ U.S. E.P.S.: 1992 - 60-8071-1000

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

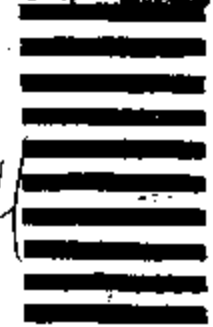



BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY NATL HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590



Auto Safety Hotline		FOR AGENCY USE ONLY 1362	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Ref. or rt_dt pd_rt up_lr
HOWARD 738452		12-FEB-2002	Reference No. 8003926
GRESHAM OR 97080		Work Number	Home Number
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located in bottom of window or on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
	GMC	JIMMY	1999
Purchase Date	Dealer's Name		Engine Size (CID/CC/L)
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____
			<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Drive Train
			<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Sport UTV <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
			Body Style
			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000 07300000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL POWER TRAIN: TRANSMISSION: AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
			Estimated Property Damage
			Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN VEHICLE IS IN REVERSE THROTTLE STICKS, AND THE VEHICLE DOES NOT SHIFT INTO SELECTED GEARS, CAUSE UNKNOWN. PLEASE GIVE ANY FURTHER DETAILS. *AK			
CONTINUE ON BACK IF NEEDED			
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. 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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U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received 10-FEB-2002	od_or _____ rt_dt _____ od_rt _____ up_ltr _____
Reference No. 758038	
Work Number _____	
Home Number _____	

OWNER INFORMATION (Type or Print)

NEW CUMBERLAND PA _____ **738595**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 1GCEK19T3YE395468	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading
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Purchase Date	Dealer's Name	Engine Size (CID/CYL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Fuel Injectio

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 05100000 05150040 07300000	Part Name(s) ENGINE ENGINE OIL FILTER/BACKET POWER TRAIN:TRANSMISSION:AUTOMATIC	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
---	---	--	---

No. of Failure 1	Date(s) of Failure(s) 31-JUL-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 205		
	Vehicle Speed at Failure(s) 30		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ENGINE CHECK LIGHT WENT ON DAY AFTER PURCHASE. SATURDAY. RETURNED TO DEALER ON MONDAY FOR CHECKUP. DEALER SAID THEY COULDN'T REPRODUCE THE PROBLEM. CHECK ENGINE LIGHT WENT ON 08/10/2000. RETURNED TO DEALER. THIS TIME THEY CHECKED THE NATIONAL COMPUTER AND FOUND THAT THE KNOCK SENSORS WERE OVERTORQUED AT THE FACTORY AND REPLACED THEM. WHY DIDN'T THEY CHECK THE NATIONAL COMPUTER WHEN THEY HAD THE TRUCK THE FIRST TIME? STARTED TRUCK UP IN AM 11/13-/2000 OIL LIGHT CAME ON. CHECKED OIL, WAS FULL. STARTED TRUCK UP AGAIN, THOUGHT MAYBE GUAGE WAS INCORRECT. STILL NO OIL PRESSURE. THEY TOWED TRUCK IN AND REPLACED OIL PUMP. THE MILEAGE WAS ONLY 4513. I WANTED ENGINE REPLAGE, BUT THEY SAID THERE

CONTINUE ON BACK IF NEEDED

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DOT Auto Safety Hotline		FOR AGENCY USE ONLY 758	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline		Date Received <u>12-FEB-2002</u> Defects Office Investigation
	Ed. or _____ Rt. dt _____ Od. rt _____ Up. str _____		Reference No. <u>8003960</u>
OWNER INFORMATION (Type or Print)			
PATRICK B.		738678	
READER		WV 26167	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner <u>[Signature]</u>		Date <u>2/19/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>2GCEC19D7X1218388</u>	Vehicle Make <u>CHEVROLET TRUC</u>	Vehicle Model <u>SILVERADO</u>	Vehicle Year <u>1999</u>
		Current Odometer Reading <u>50204</u>	
Purchase Date <u>3/24/99</u>	Dealer's Name <u>Bob Robinson Chev</u>	Engine Siz (CID/CCL) <u>4900</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Wheeling</u> State <u>WV</u> Zip Code <u>26003</u>	No Cylinders <u>8</u>	
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
		Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>05420000</u>	Part Name(s) <u>FUEL THROTTLE LINKAGES:ACCELERATOR:RIGID</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <u>3</u>	Date(s) of Failure(s) <u>10-FEB-2002</u> Mileage at Failure(s) <u>49000</u> Vehicle Speed at Failure(s) <u>sticks at Top</u>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ACCELERATOR PEDAL IS STICKING, AT 15000 MILES PEDAL WAS STICKING AS WELL. DEALER REPLACED THROTTLE PLATE ASSEMBLY AT AROUND 32000 MILES. THIS WILL BE THE THIRD REPLACEMENT.*AK			

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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.



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758	
Date Received 12-FEB-2002	Od_or _____ rt_dt _____ od_rt _____ up_nr _____
Reference No. 8003960	
Work Number _____	
Home Number _____	

OWNER INFORMATION (Type or Print)	
PATRICK B.	738678
READER	WV 26167

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) 2GCEC19D7X1218386 <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06420000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:RIGID	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 3	Dates of Failure(s) 10-FEB-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 49000		
	Vehicle Speed at Failure(s)		

APPLICATION 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 type="checkbox"/> No	Hire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL IS STICKING, AT 15000 MILES PEDAL WAS STICKING AS WELL. DEALER REPLACED THROTTLE PLATE ASSEMBLY AT AROUND 32000 MILES. THIS WILL BE THE THIRD REPLACEMENT.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 253

Date Received

12-FEB-2002

Del_or _____
Rt_dt _____
Del_r1 _____
Up_itr _____

Reference No.

758126

OWNER INFORMATION (Type or Print)

██████████ ██████████ 738761
██████████
PORT HURON MI ██████████

Work Number ██████████

Home Number ██████████

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2GCEC19T6Y1148654	Vehicle Make CHEVROLET TRUK	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading
---	--------------------------------	----------------------------	----------------------	--------------------------

Purchase Date 01-NOV-1999 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) 5.3 No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
---	---	---	---

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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--	--	---	---	---	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400C00	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Frnt <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	---	---

No of Failure 1000	Date(s) of Failure(s) 12-FEB-2002	Mileage at Failure(s) 30050	Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalite 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE LINKAGE HAS BEEN STICKING SINCE VEHICLE WAS NEW. DEALER WAS UNCOOPERATIVE AND WANTED TO BLAME ISSUE ON MAINTENANCE OF VEHICLE AND CHARGE \$100 FOR CHANGING FUEL FILTER, WHICH IS UNRELATED TO FAILURE. *AK

CONTINUE ON BACK IF NEEDED

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 <p style="text-align: center;">Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	FOR AGENCY USE ONLY 335	
	Date Received 19-FEB-2002	Ord_or _____ rt_dt _____ bd_r1 _____ up_tr _____
OWNER INFORMATION (Type or Print)		Reference No. 8004166
[Redacted] [Redacted] 739217 [Redacted] [Redacted] BARNEVELD WI [Redacted]		Work Number [Redacted] Phone Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date / /

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(It is located at bottom of windshield on driver's side)</small> NOT AVAILABLE	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) No Cylinders _____	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Min van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Date(s) of Failure(s) 19-FEB-2000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 11000		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN VEHICLE IS AT A STOP THROTTLE GETS STUCK, THEN VEHICLE WILL TAKE OFF. DRIVER FEELS THIS DELAYED REACTION COULD INJURE SOMEONE. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258	
	Date Received 12-JUL-2001		Od_or _____ rt_dt _____ pd_rt _____ up_jtr _____
OWNER INFORMATION (Type or Print) _____ _____ CALDWELL		703181	Reference No. 748334
Signature of Owner _____		Work Number _____ Home Number _____	Date _____ / _____ / _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____ / _____ / _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GCEC14V71E172703	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 2001	Current Odometer Reading		
Purchase Date 01-JAN-2001	Dealer's Name _____		Engine Size (C/D/CC/L) 4800	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 10	Date(s) of Failure(s) 10 MAY 2001 6400	Mileage at Failure(s) 75	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

I WAS INFORMED BY MY DEALER THAT THIS IS A COMMON PROBLEM WITH THIS MODEL & IS CAUSED BY CARBON BUILDING UP IN THE THROTTLE BODY WHICH CAUSES THE THROTTLE TO SEIZE. I WAS TOLD BY THE DEALER THAT THIS PROBLEM BEGAN WITH THE 1999 MODELS & HAS CONTINUED UNTIL THE PRESENT MODEL. IT IS DEFECTIVE, HAS BEEN FOR YEARS, THEY ARE AWARE OF IT, & THEY DON'T CARE. THEY RECOMMEND THAT I HAVE THE THROTTLE BODY CLEANED OUT ABOUT EVERY 4000 MILES AT MY OWN EXPENSE, EVEN THO IT IS STILL UNDER WARRANTY. THEY SAY THIS IS A SERVICE MATTER & THE WARRANTY DOESN'T COVER NORMAL SERVICE. WHAT A RIP OFF!

CONTINUE ON PAGE 4 IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received 17-JUL-2001	Od_or rt_dt bd_rt up_itr
Reference No. 748603	

OWNER INFORMATION (Type or Print)

██████████ ██████████ **703735**
██████████
CLEVELAND **OK** ██████████

Work Number _____
Home Number ██████████

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) 2GCEK19T8X1184430 <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 1998	Current Odometer Reading
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Purchase Date 01-FEB-1999	Dealer's Name _____	Engine Size (CID/CC/L) 5300	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
--	---	--	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 06400000	Part Name(s) BRAKES:HYDRAULIC;ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
---	---	--	---

No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damage	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE ABS MOTOR CONTINUES TO RUN WITH KEY IN OFF POSITION FUSE WAS PULLED AFTER TALKING TO DEALER. THROTTLE BODY MAKING ACCELERATOR PEDAL STICK IN STOP POSITION MAKING MORE PRESS. HAVING TO BE APPLIED AND TRUCK TO JUMP FOWARD WHEN STICK BREAKS FREE. *AK

CONTINUE ON BACK IF NEEDED

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 368-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258	
	OWNER INFORMATION (Type or Print) _____ _____ BRICK	Date Received 04-AUG-2001	Ord. or rt. dt pd. rt up. ltr _____ _____ _____ _____
_____ 706927	Work Number _____ Home Number _____		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19T3X1504186	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading		
Purchase Date 01-FEB-1999	Dealer's Name _____		Engine Size (CID/CC/L) 5.3/LTR	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-Lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver side Airbag <input type="checkbox"/> Passenger side Airbag <input type="checkbox"/> Motor belt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 100	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
THROTTLE STICKS FROM IDLE, CAUSING TRUCK TO LURCH FORWARD. *AK
CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

17-AUG-2001

Od_or _____
rt_dt _____
pd_rt _____
up_itr _____

Reference No.

750654

Work Number

Home Number

OWNER INFORMATION (Type or Print)

709482

VENEDOCIA

OH

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCGK29U4YE393901	CHEVROLET TRUCK	SILVERADO	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL PEDAL	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement

No. of Failure 1	Date(s) of Failure(s) Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------	--	--	--

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crashes, and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------	----------------------	---------------------------	---

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INCREASED PEDAL EFFORT FROM IDLE POSITION, I AM AFRAID THAT IF I AM CLOSE TO SOMETHING OR SOMEONE I WILL RUN INTO IT! I AM ALWAYS SPINNING THE BACK WHEELS BECAUSE OF THIS PROBLEM. I BELIEVE SINCE CHEVROLET IS AWARE OF THIS PROBLEM BY ISSUING A BULLETIN, WHY DON'T THEY REPLACE FOR FREE ON NON WARRANTIED VEHICLES.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 798	
Date Received 24-SEP-2001	Od_or rt_dt bd_rt up_kr
Reference No. 896702	
Work Number	
Home Number	

OWNER INFORMATION (Type or Print)

██████████ ██████████ 716462

MALBURN BEACH FL ██████████

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small> N/A	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
--	---------------------------------------	-----------------------------------	-----------------------------	--------------------------

Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injecto

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Trai <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	--	---	--	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-SEP-2001 32	Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
			NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN STARTING AND PUTTING VEHICLE INTO GEAR THROTTLE WILL STICK, DEALER STATED THAT THROTTLE DID NOT NEED TO BE REPLACED. PLEASE PROVIDE MORE INFORMATION. *AK


CONTINUE ON BACK IF NEEDED

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 920	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
		Date Received 19-OCT-2001	
OWNER INFORMATION (Type or Print) [Redacted] 722101 FRANKLIN TN [Redacted]		Od_or _____ rt_dt _____ od_rt _____ up_tr _____ Reference No. 890030	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number _____ Home Number [Redacted]	
Signature of Owner _____ Date ____/____/____		VEHICLE INFORMATION	
Vehicle Ident No. (VIN.) (located at bottom of windshield on driver's side) 1GTEC14T8XZ540760		Vehicle Make GMC	Vehicle Model SIERRA
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____	Vehicle Year 1999
Engine Size (CID/CCA) _____ No Cylinders _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component DS410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) 23-JUN-2000	Mileage at Failure(s) 24000	Vehicle Speed at Failure(s) Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damag		Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AFTER START UP VEHICLE IT STARTED TO ACCELERATE. THROTTLE WILL STICK AND CAUSE A LOSS OF CONTROL OVER ACCELERATION. DEALERSHIP HAS EXAMINED VEHICLE SEVERAL TIMES, AND HAS FAILED TO CORRECT PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS. *AK			
LICENSURE TAGS & FEES REQUIRED			
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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758	
	OWNER INFORMATION (Type or Print) CALVIN 723840 JACKSONVILLE AR 72078		Date Received 01 JAN -3 30-OCT-2001 DEFECTS	Od or rt dt tod to up tr. Reference No. 89B458

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 11/06/01

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located on the driver's windshield on the left side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading	
2GTEC19T6X1535607	GMC	SIERRA	1999		
Purchase Date <u>6/99</u>	Dealer's Name: <u>Landers GMC</u>		Engine Size (CID/CC)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Boston</u>	State <u>AR</u>	No. Cylinders <u>8</u>		
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"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorized 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input checked="" type="checkbox"/> Other
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input checked="" type="checkbox"/> Original Replacement
No. of Failures	Date(s) of Failure(s) <u>01-APR-2001</u> Mileage at Failure(s) <u>44000</u> Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS AFTER COMING TO A STOP. CONSUMER WILL THEN APPLY MORE PRESSURE TO PEDAL AND VEHICLE WILL SURGE FORWARD. CONSUMER FOUND A TSB STATING THAT THROTTLE BODY SHOULD BE REPLACED.*AK

The Privacy Act of 1974 (Public Law 93-57) 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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Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.*

D O T

MANUFACTURER/TIRE NAME

SIZE

* The identification number consists of 7 to 10 letters and numerals following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

Every time you come to a complete stop and remove your foot from accelerator, the sign, red lights etc. you retreat pass hand enough to beat the pedal down sometimes ~~immediately~~ toward other vehicles. I have talked to some other people having same problems. Considering running ad in paper to see how many responses to same kind of problem. In this area.

☆ U.S. G.P.O.: 1982-625-847/82025

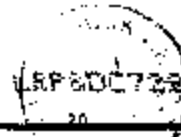
U.S. Department of Transportation
National Highway Traffic Safety Administration

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

Official Business
Penalty for Private Use \$300



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES




BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 73173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY MAIL HWY TRAFFIC SAFETY ADMIN


U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590

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Auto Safety Hotline		FOR AGENCY USE ONLY 753	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
		Date Received 30-OCT-2001	
OWNER INFORMATION (Type or Print)		Ref. No. 896456	
CALVIN 723840		Work Number	
JACKSONVILLE AR 72076		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____ Date: ____/____/____			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 2GTEC19T6X1535607		Vehicle Make GMC	Vehicle Model SIERRA
		Vehicle Year 1999	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injecto
Transmission Type <input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL-PEDAL		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear
			Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 01-APR-2001		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 44000		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
			Estimated Property Damage
			Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ACCELERATOR PEDAL STICKS AFTER COMING TO A STOP. CONSUMER WILL THEN APPLY MORE PRESSURE TO PEDAL AND VEHICLE WILL SURGE FORWARD. CONSUMER FOUND A TSB STATING THAT THROTTLE BODY SHOULD BE REPLACED.*AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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. 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.</small>			

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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Auto Safety Hotline</p> <h3>Vehicle Owner's Questionnaire</h3> <p>NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p>FOR AGENCY USE ONLY 920</p> <p>Date Received 14-NOV-2001</p> <p>Od or rt_st _____ od_rt _____ ep_itr _____</p> <p>Reference No. 899122</p> <p>Work Number _____ Home Number _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>_____ _____ DESOTO TX _____</p> <p style="text-align: right;">725999</p>		
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p> <p>Signature of Owner _____ Date ____/____/____</p>		

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2GCEC19TXX1161907	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo Diesel <input type="checkbox"/> Gas Fuel Inject		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failure 2	Dates of Failure(s) 01-JAN-1999	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Mileage at Failure(s) 12000	
	Vehicle Speed at Failure(s)	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatality 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)
<p>WHEN APPLYING FORCE TO ACCELERATOR PEDAL THERE WOULD BE A HIGH LEVEL OF RESISTANCE BEHIND PEDAL. CONSUMER WOULD HAVE TO CONTINUE APPLYING ADDITIONAL FORCE TO PEDAL TO PROMPT ACCELERATION. DEALERSHIP EXAMINED VEHICLE, AND DETERMINED THROTTLE BODY WOULD STICK IN CLOSED POSITION, CAUSING THIS PROBLEM AND PREVENTING SMOOTH ACCELERATION. PROBLEM WAS CORRECTED WITH THIS REPAIR. HOWEVER, PROBLEM HAS APPEARED AGAIN IN BEGINNING OF NOVEMBER 2001. DEALERSHIP HAS NOT EXAMINED VEHICLE FOR THE RECENT PROBLEM. PLEASE PROVIDE ANY ADDITIONAL INFORMATION / ATTACHMENTS.*AK</p>

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received
27-NOV-2001

Od_or
rt_dt
pd_rt
up_ltr

Reference No.
755005

OWNER INFORMATION (Type or Print)

██████████ ██████████ **728121**
██████████
EVANS , **GA** ██████████

Work Number ██████████
Home Number ██████████

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of instrument on driver's side)</small> ZGCEK19T6X1203525	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 01-MAY-1999	Dealer's Name _____	Engine Size (CID/CYL) 5.3L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other	Sport Utl Truck Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400400 10121000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 1	Date(s) of Failure(s) 15-NOV-2001	Mileage at Failure(s) 37500	Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE LINKAGE HAS SHOWN INCREASING PEDAL EFFORT TO MOVE ACCELERATOR FROM THE IDLE POSITION. WAS ADVISED BY DEALER THAT THROTTLE BODY SHOULD BE CLEANED, HOWEVER SERVICE MANUAL INDICATES THROTTLE BODY SHOULD NOT NEED CLEANING EXCEPT FOR HIGH MILEAGE ENGINES. A LATER SERVICE BULLETIN INDICATES THROTTLE BODY REPLACEMENT IS WARRANTED (#00-06-04-007B). ALTHOUGH CONDITION BEGAN PRIOR TO EXPIRATION OF WARRANTY, DEALER WILL NOT REPAIR VEHICLE (MILEAGE >36000). SINCE NEW, HAVE ALSO HAD TO HAVE BOTH POWER WINDOW DRIVE MOTORS AND REGULATORS REPLACED (ONE UNDER WARRANTY AND ANOTHER AFTER WARRANTY EXPIRATION). *AK

CONTINUE ON BACK IF NEEDED

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. 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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U.S. Department of Transportation

National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received
07-DEC-2001

Ord. or rt. dt
pd. rt
up. ltr

Reference No.

755412

OWNER INFORMATION (Type or Print)

MIDLAND

OH

730009

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date: / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on the vehicle side)</small> 2GCEK19T1X1151057	Vehicle Make CHEVROLET TRUCK	Vehicle Model K1500	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 01-NOV-1998	Dealer's Name	Engine Size (CID/CCL) 5.3	<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City State Zip Code	No Cylinders	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Trail <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Fleck Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 06400600 10121000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL VISUAL SYSTEMS:GLASS:POWER WINDOW DOOR AND SIDE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
---	--	---	--

No. of Failure 1	Date(s) of Failure(s) 01-NOV-2001	Mileage at Failure(s) 57000	Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE ABS PUMP STARTED RUNNING WHEN I STARTED THE TRUCK THE ONLY WAY TO GET IT TO STOP IS TO PULL THE FUSE. THE POWER WINDOW ON DRIVERSIDE WILL GO DOWN A LITTLE THEN STOP, YOU HAVE TO KEEP PUSHING ON THE BUTTON TO GET IT ALL THE WAY DOWN WHICH TAKES A LOT OF TIME, SAME WAY WHEN YOU GO TO PUT IT BACK UP. THE THROTTLE STICKS WHEN YOU GO TO ACCELERATE, DID IT A LITTLE NEW NOW DOES IT A LOT. I HAVE CONTACTED GM THEY SAID THAT THE TRUCK IS TO OLD KNOW FOR THEM TO DO ANYTHING ABOUT IT. I HAVE HEARD THAT OTHER OWNERS HAVE HAD THE SAME PROBLEMS BUT THERES OCCURED WHILE UNDER WARRANTY

CONTINUE ON BACK IF NEEDED

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. 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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U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 436	
	Date Received <div style="font-size: 1.2em; font-weight: bold; text-align: center;">03-MAY-2001</div>		Od or rt_dt _____ od_it _____ up_itr _____ Reference No. <div style="font-size: 1.2em; font-weight: bold;">887366</div>
OWNER INFORMATION (Type or Print)		Work Number _____ Home Number _____	
[Redacted] IRMO	[Redacted] SC	689988	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small> 1GCEC14V7XZ174842	Vehicle Make CHEVROLET TRUK	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel injectio
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure _____	Date(s) of Failure(s) 01-APR-2001 19000 Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatality _____	Estimated Property Damag _____	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE STARTED TO STICKS AS PRESSING DOWN. IT MADE TIRES SPIN, AND VEHICLE JUMP. DEALER FOUND NO RECALL. BUT, TOLD CONSUMER THEY ADD SOME LUBRICATION. CONSUMER WASN'T SURE WHAT WAS DONE, BUT PROBLEM SEEMED TO BE CORRECTED.*AK

CONTINUE ON BACK IF NEEDED

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. 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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U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 438	
OWNER INFORMATION (Type or Print)		Date Received 03-MAY-2001		Od. or rt. dt od. rt up. dt	
IRMO SC 689988		Reference No. 887388		Work Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		YES <input type="checkbox"/> NO <input type="checkbox"/>		Home Number	
Signature of Owner		Date 1/1			
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GCEC14V7XZ174842		CHEVROLET TRU	SILVERADO	1999	
Purchase Date		Dealer's Name		Engine Size (CID/CG/L)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Love Chevrolet		No Cylinders 8	
City IRMO State SC Zip Code 29063		Transmission Type		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 88419008	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL		Location		Failed Part(s)
			<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 01-APR-2001		Failed Part(s) Available?		NHTSA Previously Contacted?
	Mileage at Failure(s) 19000		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Speed at Failure(s)					
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)					
Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
THROTTLE STARTED TO STICKS AS PRESSING DOWN. IT MADE TIRES SPIN, AND VEHICLE JUMP. DEALER FOUND NO RECALL. BUT, TOLD CONSUMER THEY ADD SOME LUBRICATION. CONSUMER WASN'T SURE WHAT WAS DONE, BUT PROBLEM SEEMED TO BE CORRECTED. AK					

CONTINUE ON BACK IF NEEDED

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 241	
	Date Received <div style="text-align: center; font-size: 1.2em;">13-FEB-2002</div>		Od_or _____ Rt_dt _____ Pd_rf _____ Up_ltr _____ Reference No. <div style="text-align: center; font-size: 1.2em;">8004012</div>
OWNER INFORMATION (Type or Print)			
[Redacted]		738790	
UPPER FAIRMOUNT		MD [Redacted]	
Work Number: [Redacted]		Home Number: [Redacted]	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date: 1-24-02

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GCGK9U7YE133914	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 06430000	Part Name(s) FUEL-THROTTLE LINKAGES-ACCELERATOR-FLEXIBLE	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failure	Dates of Failure(s) 15 SEP 2001	Mileage at Failure(s) 54327	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER STATES THE ACCELERATOR PEDAL WOULD LOCK UP INTERMITTENTLY(PEDAL RESIST), DEALER WAS NOTIFIED. NLM

(CONTINUE ON BACK IF NEEDED)

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 259	
Date Received 04-APR-2002	Od_or ri_dt od_ft up_ltr
Reference No. 760279	
Work Number	
Home Number	

OWNER INFORMATION (Type or Print)

[Redacted] 747114

SUWANEE GA [Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19TXY1388485	Vehicle Make GMC	Vehicle Model GMC	Vehicle Year 2001	Current Odometer Reading
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Purchase Date 01-SEP-2000 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC) 5400 No Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	---	--	---	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06400010	Part Name(s) FUEL: THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failure	Date(s) of Failure(s) 01-FEB-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 30000		
	Vehicle Speed at Failure(s) 0		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE BUTTERFLY STICKS WHEN CLOSED. INITIAL RE-OPENING IS SUDDEN AS THROTTLE UNSTICKS CAUSING EXCESSIVE/UNINTENDED ACCELERATION. *AK

CONTINUE ON BACK IF NEEDED

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. 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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U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 365-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258	
	Date Received <div style="text-align: center; font-size: 1.2em;">25-JUN-2002</div>		Old or r_dt _____ od_r1 _____ up_itr _____ Reference No. <div style="text-align: center; font-size: 1.2em;">763452</div>
OWNER INFORMATION (Type or Print) _____ _____ <div style="text-align: center; font-weight: bold;">DUSON</div>		_____ _____ <div style="text-align: center; font-weight: bold;">761832</div> _____ _____ <div style="text-align: center; font-weight: bold;">LA</div>	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Signature of Owner _____ Date _____	

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GTEC19V8Y1167952	GMC	PICKUP	2000	
Purchase Date 01-NOV-2099	Dealer's Name _____		Engine Size (CID/CCA) 4.8	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injecto
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____	State _____	Zip Code _____	No Cylinders _____
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 06410000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Date(s) of Failure(s) 01-DEC-1999	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 100		
	Vehicle Speed at Failure(s) 10		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR STICKS IN THE UP POSITION AND HAS TO BE TAPPED TO MOVE IT TO ACCELERATE, SOMETIMES CAUSING A RAPID ACCELERATION. I'VE HEAD PEOPLE DIVING CHEVROLET TRUCKS COMPLAIN OF THE SAME PROBLEM. THE BRAKE PROBLEM IS, WHEN APPLYING THE BRAKE AND YOU HIT A BUMP OR THE YELLOW INDICATORS MARKING LANES ON THE ROAD THE TRUCK SORT OF HYDROPLANES OVER THEM AND DOESN'T SLOW DOWN UNTIL YOU GET ON THE FLAT PART OF THE ROAD AGAIN.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1368	
Date Received 05-JUL-2002	Ed_or rt_dt ed_rt up_itr
Reference No. 8013325	
Work Number	
Home Number	

OWNER INFORMATION (Type or Print)	
BENAVIDES	TX 762730

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
Signature of Owner _____ Date 7/1/02

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield or driver's side)</small> PLEASE PROVIDE	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2001	Current Odometer Reading
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3 Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 13-JUN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 47000		
	Vehicle Speed at Failure(s)		

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING/ACCELERATING, AND WITHOUT ANY WARNING GAS PEDAL CAN GET STUCK AND CAUSE AN ACCIDENT. CAUSE UNKNOWN. DEALER NOTIFIED. *AK

CONTINUE ON BACK IF NEEDED

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. 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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<p style="text-align: center;">Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	FOR AGENCY USE ONLY 241	
	Date Received 09-JUL-2002	Ord. or rt_dt _____ ord_rt _____ up_itr _____
OWNER INFORMATION (Type or Print)		Reference No. B013474
[REDACTED]	[REDACTED]	763120
[REDACTED]	[REDACTED]	WI [REDACTED]
FRANKSVILLE		Work Number _____ Home Number [REDACTED]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident No (VIN.) 2GCEK19T8X1277043	(Located at bottom of windshield on driver's side)	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading _____
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/KCA) _____ No Cylinders _____		
		<input type="checkbox"/> Turbo Diesel Gas Fuel Injectio			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____					

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410890	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure _____	Dates of Failure(s) 15-AUG-1999	Mileage at Failure(s) 67000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____	Estimated Property Damag _____	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ONGOING/INTERMITTENT PROBLEMS WITH THROTTLE STICKING. VEHICLE BEEN TO DEALER ON TWO OCCASIONS, AND PROBLEM REOCCURRING. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK


CONTINUE ON BACK (IF NEEDED)

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Or, or rt_dt bd_rt up_itr
[REDACTED] 765340		18-JUL-2002	Reference No. 764402
LITTLE ROCK AR [REDACTED]		Work Number	Home Number [REDACTED]
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1GCEK19V6XE216016	CHEVROLET TRUCK	SILVERADO	1999
Purchase Date 01-MAY-2009 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 4.8L No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injected
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driveside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Drive Train <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"/> Other	Body Style <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 500	Date(s) of Failure(s) 05-JUN-2001	Mileage at Failure(s) 22500	Vehicle Speed at Failure(s) 0
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>THE ACCELERATOR PEDAL STICKS AT REST AND HAS TO BE PUSHED VERY HARD TO BREAK IT LOOSE; THIS CAUSES THE VEHICLE TO LUNGE FORWARD. I HAVE COME VERY CLOSE TO HAVING AN ACCIDENT SEVERAL TIMES DUE TO THIS PROBLEM. I TALKED TO SEVERAL PEOPLE WITH THIS SAME YEAR AND MODEL TRUCK AND THEY HAVE THE SAME PROBLEM. I CALLED MY DEALER TO SEE IF A RECALL HAD BEEN ISSUED ON THIS AND WAS TOLD NO. A TECHNICAL BULLETIN HAS BEEN ISSUED BY THE MANUFACTURER REGARDING THIS PROBLEM (THE DEALER DIDN'T TELL ME THIS) AND I FEEL THERE SHOULD BE A RECALL RATHER THAN A BULLETIN.'AK</p>			
			CONTINUE ON BACK IF NEEDED
<p>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. 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.</p>			

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 U.S. Department of Transportation National Highway Traffic Safety Administration		Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		FOR AGENCY USE ONLY 241 Date Received 23-JUL-2002		Ed_or _____ rt_dt _____ pd_rt _____ up_tr _____	
OWNER INFORMATION (Type or Print) [Redacted] 765677 [Redacted] PORT O'CONNOR TX [Redacted]				Reference No. 8014482			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.				Signature of Owner _____ Date _____			
VEHICLE INFORMATION							
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2GTEC19T5X1534481		Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No Cylinders _____		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel		Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
						Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other	
FAILED COMPONENT(S)/PART(S) INFORMATION							
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL		Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear		Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No. of Failure	Dates of Failure(s) 16-JUL-2002		Mileage at Failure(s) 48000		Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION INCIDENT INFORMATION							
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)							
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)							
THROTTLE STUCK OPEN AFTER APPLYING ACCELERATOR PEDAL, RESULTING IN A VEHICLE CRASH. DEALER AND MANUFACTURER HAVE BEEN NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK							
CONTINUE ON BACK IF NEEDED							
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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 24-JUL-2002
	OWNER INFORMATION (Type or Print) [Redacted] 765945 [Redacted] QWENSBORO KY [Redacted]		Ord. or n_dt pd_rt up_Hr Reference No. 8014595
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2GCEC19V6X1180926	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999
Purchase Cost <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No Drive Traj <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 15-JUN-2001 Mileage at Failure(s) 50000 Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality
Estimated Property Damag		Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
INTERMITTENTLY THROTTLE WILL STICK WHEN ACCELERATING. DEALER HAS NOT BEEN NOTIFIED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK			
CONTINUE ON BACK IF NEEDED			
<small>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. 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.</small>			



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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1375

Date Received

02-AUG-2002

Od_or _____
rt_dt _____
od_rt _____
up_tr _____

Reference No.

8015436

OWNER INFORMATION (Type or Print)

TRENTON

768193

NJ

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>If listed at bottom of windshield on driver's side</small> 2GCEK19T2X7196637	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
--	--	--	--

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	--	---	--	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06430000	Part Name(s) FUEL:THROTTLE LINKAGES:ACCELERATOR:FLEXIBLE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 30-JUL-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 38500		
	Vehicle Speed at Failure(s)		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damag.	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---------------------------	--------------------	---------------------------	--

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE CABLE STICKS. ALSO, WHEN CRANKING VEHICLE AND PLACING INTO GEAR IT IS DIFFICULT TO ACCELERATE VEHICLE PAST BRAKING POINT.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1375

Date Received: 08-AUG-2002
 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.
8015895

OWNER INFORMATION (Type or Print)

REEVES
 LA 769435

Work Number _____
 Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) _____ (Located at bottom of windshield on driver's side)
 Vehicle Make: CHEVROLET TRUCK
 Vehicle Model: SILVERADO
 Vehicle Year: 2001
 Current Odometer Reading _____

Purchase Date _____ Dealer's Name _____
 New Used
 City _____ State _____ Zip Code _____
 Engine Size (CID/CC/L) _____ Turbo
 Diesel
 Gas
 Fuel Injectio
 No Cylinders _____

Transmission Type: Manual Automatic
 Antilock Brakes: Yes No
 Restraint System: 3-Point Belt Motorbelt 2-Point Belt
 Driverside Airbag Passengerside Airbag
 Cruise Control: Yes No
 Drive Train: Front Rear 4-Wheel
 Vehicle Type: Car Sport Util Truck Motorcycle
 Van Minivan Other _____
 Body Style: 2-Door 4-Door Stationwagon Pick Up Truck Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: 06410000
 Part Name(s): FUEL THROTTLE LINKAGES AND CONTROL PEDAL
 Location: Left Right Front Rear
 Failed Part(s): Original Replacement
 No. of Failure: _____
 Dates of Failure(s): 01-AUG-2002
 Mileage at Failure(s): 55000
 Vehicle Speed at Failure(s): _____
 Failed Part(s): Yes No
 NHTSA Previously: Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash: Yes No
 Fire: Yes No
 Number of Persons Injured: _____
 Number of Fatalities: _____
 Estimated Property Damag: _____
 Reported to Polic: Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING THROTTLE CONTROL STICKS. WHEN SHIFTING FROM PARK TO DRIVE AND PRESSING ON GAS PEDAL VEHICLE WILL NOT MOVE INITIALLY, BUT THEN WILL LURCH FORWARD.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1374

Date Received

16-AUG-2002

Od. or
rt_rlt
od_rt
up_itr

Reference No.

8016578

OWNER INFORMATION (Type or Print)

SYRACUSE

NY

771176

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) Vehicle Make Vehicle Model Vehicle Year Current Odometer Reading
CHEVROLET TRUC SILVERADO 1999

Purchase Date New Used Dealer's Name City State Zip Code Engine Size (CID/CCL) No. Cylinders Turbo Diesel Gas Fuel Injection

Transmission Type Manual Automatic Antilock Brakes Yes No Restraint System 3-Point Belt Motorbelt Driver's Side Airbag 2-Point Belt Passenger's Side Airbag Cruise Control Yes No Drive Train Front Rear 4-Wheel Vehicle Type Car Van Minivan Other Sport Utl Truck Motorcycle Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000 Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL Location Left Right Front Rear Failed Part(s) Original Replacement

No. of Failure Dates of Failure(s) 25-JUL-2002 Mileage at Failure(s) 82000 Vehicle Speed at Failure(s) Failed Part(s) Yes No NHTSA Previously Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form.)

Crash Yes No Fire Yes No Number of Persons Injured Number of Fatalities Estimated Property Damag Reported to Police Yes No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS. DEALER NOTIFIED *AK

CONTINUE ON BACK IF NEEDED

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print) [REDACTED] 772100 [REDACTED] BARTLETT TN [REDACTED]		Date Received 19-AUG-2002 Reference No. 765851 Work Number [REDACTED] Home Number [REDACTED]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) 1GCEK19T5YE260217	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2000
Purchase Date 01-APR-2000 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used		Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC) 327 No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <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"/> Other	Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) 14-AUG-2002	Mileage at Failure(s) 47000	Vehicle Speed at Failure(s) 0
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crashes), and injury(ies) on the back of this form)			
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalite
Estimated Property Damag		Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
GAS PEDAL IS HARD TO PUSH WHEN TAKING OFF, CAUSING TRUCK TO LUNGE FORWARD WHEN MOVING FROM A STOP.*AK			
CONTINUE ON BACK IF NEEDED			
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. 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.			

Moisten Here

Moisten Here

Charge - 9005671

Comp - 671313

Moisten Here

Form Approved: O.M.B. No. 2127-0008



Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-6393
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	1/29/02
Reference No.	
Door	___
Wind	___
Seat	___
Up/br	___

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

NAME: RICHARD

STREET NO.: McROSE APT. NO.: Ohio

CITY: _____ STATE: _____

ENTER ZIP CODE: _____

ZIP CODE - 4: 45801

AREA CODE: _____

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?

Yes No

In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

SIGNATURE OF OWNER: _____ DATE: 11-29-01

VEHICLE INFORMATION

VEHICLE IDENT. NO. (VIN) <u>1GCGC2905YE255815</u>	VEHICLE MAKE <u>Chevrolet</u>	VEHICLE MODEL <u>Silverado</u>	MANUFACTURE DATE	MODEL YEAR <u>2000</u>
VEHICLE MANUFACTURER <input type="checkbox"/> GMV <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 <u>12-27-99</u>	DEALER'S NAME <u>H & K Motor Sales Inc</u>	CITY <u>Centerville</u>	STATE <u>OH</u>	ZIP CODE <u>45831</u>
ENGINE SIZE <u>6.0</u>	FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" 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
NO. CYLINDERS <u>8</u>	RESTRAINT SYSTEM <input checked="" type="checkbox"/> Driver's Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passenger's Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 3-Point Belt		CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVETRAIN <input checked="" type="checkbox"/> Front <input 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"/> Sport Utility <input type="checkbox"/> Motorcycle		DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door	BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input checked="" type="checkbox"/> Pick-Up Truck <input type="checkbox"/> Station Wagon

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT <input type="checkbox"/> Child 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 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	NO. OF FAILURES <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	To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters).	
	INCIDENT DATE <u>see attached note</u>	TIRE NAME <u>Firestone</u>	COMPLETE TIRE SIZE <u>LT 245/75R16/E</u>
	RELEASE AT INCIDENT	TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input checked="" type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Spring <u>old</u> <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other	<u>A.S. BTR TIRE</u>
	VEHICLE SPEED AT INCIDENT	FAILED PART(S) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FAILED PART(S) AVAILABLE <input type="checkbox"/> Yes <input checked="" 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), 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"/> 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	CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input type="checkbox"/> Nuts <input type="checkbox"/> Weak/Poor H/L/Loose <input type="checkbox"/> Leaks <input type="checkbox"/> Cur/Tam <input type="checkbox"/> Short <input type="checkbox"/> Disconnect/Fall Off <input type="checkbox"/> Locks/Slacks/Grabs <input type="checkbox"/> Brakes/Poor Performance <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Excessive Effort <input type="checkbox"/> Brakes	RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input 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 checked="" type="checkbox"/> 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		

PLEASE DO NOT WRITE IN THIS AREA



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THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(B)(6)

(Page through Page /)




10-15-01	- Right Daytime Running light bulb	35,779 miles
7-30-01	- Left side Daytime Running light bulb	32,570 miles
5-23-01	- Adjust door	27,892 miles
4-10-01	- Right front seal repair to material	26,806 miles
2-5-01	- Replace throttle body due to hard to push pedal	23,153 miles
10-12-00	- Replace steering shaft due to noise	17,888 miles
5-2-00	- Balance all 4 tires	5,775 miles
4-24-00	- Replace washer fluid tank	5388 miles
2-15-00	- Replace propeller shaft	714 miles

I AM NOT HAPPY WITH THE TRUCK
I WOULD ANOTHER VEHICLE AT THE SAME PRICE
I PD. FOR THIS ONE

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1368</p> <p>Date Received: <u>09-MAY-2002</u></p> <p>Office: <u>DEFECTS INVESTIGATION</u></p> <p>Reference No.: <u>8009558</u></p>	
<p>OWNER INFORMATION (Type or Print)</p> <p>NAME: <u>MONTEBELLO</u> STATE: <u>CA</u> ZIP: <u>753308</u></p>				<p>Work Number: _____</p> <p>Home Number: _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>				<p>Signature of Owner: _____ Date: <u>6-15-02</u></p>	
<p align="center">VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p><u>1GNEK13T51R20318</u></p>		<p>Vehicle Make</p> <p><u>CHEVROLET TRUCK</u></p>	<p>Vehicle Model</p> <p><u>TAHOE</u></p>	<p>Vehicle Year</p> <p><u>2001</u></p>	<p>Current Odometer Reading</p> <p><u>6200.0</u></p>
<p>Purchase Date: _____</p>		<p>Dealer's Name: _____</p>		<p>Engine Size (CID/CC/L): <u>320</u></p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injector</p>
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City: _____ State: _____ Zip Code: _____</p>		<p>No Cylinders: <u>8</u></p>	<p><input checked="" type="checkbox"/> Fuel Injector</p>
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt</p> <p><input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input checked="" type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>				
<p align="center">FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component</p> <p><u>06410009</u></p>	<p>Part Name(s)</p> <p><u>FUEL-THROTTLE LINKAGES AND CONTROL-PEDAL</u></p>		<p>Location</p> <p><input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original Replacement</p>
<p>No of Failures</p>	<p>Date(s) of Failure(s): <u>05-APR-2002</u></p> <p>Mileage at Failure(s): <u>6200.0</u></p> <p>Vehicle Speed at Failure(s): _____</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p align="center">APPLICATION INCIDENT INFORMATION</p> <p>(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p> <p><u>ACCELERATOR PEDAL GOT STUCK, CAUSING A VEHICLE CRASH.*AK</u></p> <p><u>write applying Brakes Vehicle would not stop</u></p>					
<p align="right">CONTINUE ON BACK IF NEEDED</p>					
<p>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. 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.</p>					

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Auto Safety Hotline		FOR AGENCY USE ONLY 1368	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Od. of rt. dt _____ Od. of rd. rt _____ up. hr _____
[Redacted] 753309 [Redacted] MONTEBELLO CA [Redacted]		Reference No.	8009558
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Work Number	[Redacted]
Signature of Owner _____		Home Number	[Redacted]
Date: 5-1-02			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1GNEK13T51R20318	CHEVROLET TRUC	TAHOE	2001
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Motorbelt	<input type="checkbox"/> Gas
<input type="checkbox"/> Automatic	<input type="checkbox"/> No	<input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Fuel Injectio
Transmission Type	Restraint System	Cruise Control	Drive Train
<input type="checkbox"/> Manual	<input type="checkbox"/> 3-Point Belt	<input type="checkbox"/> Yes	<input type="checkbox"/> Front
<input type="checkbox"/> Automatic	<input type="checkbox"/> Driverside Airbag	<input type="checkbox"/> No	<input type="checkbox"/> Rear
	<input type="checkbox"/> Passengerside Airbag		<input type="checkbox"/> 4 Wheel
			Vehicle Type
			<input type="checkbox"/> Car
			<input type="checkbox"/> Van
			<input type="checkbox"/> Minivan
			<input type="checkbox"/> Other
			<input type="checkbox"/> Sport Util Truck
			<input type="checkbox"/> Motorcycle
			<input checked="" type="checkbox"/> Other
			<input type="checkbox"/> 2-Door
			<input type="checkbox"/> 4-Door
			<input type="checkbox"/> Stationwagon
			<input type="checkbox"/> Pick Up Truck
			<input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Original
		<input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 05-APR-2002	Failed Part(s)	NHTSA Previously
	Mileage at Failure(s) 62000	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		Estimated Property Damag	Reported to Polc
			<input type="checkbox"/> Yes <input type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ACCELERATOR PEDAL GOT STUCK, CAUSING A VEHICLE CRASH.*AK			
CONTINUE ON BACK IF NEEDED			
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. 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.			



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1365

Date Received
17-MAY-2002

Od_or
rt_dt
pd_rt
up_itr

Reference No.
8010071

OWNER INFORMATION (Type or Print)

██████████ 754701
EULESS TX ██████████

Work Number ██████████
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GTEC19T5X1563009	GMC	SIERRA	1999	

Purchase Date	Dealer's Name	Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
06400000	FUEL THROTTLE LINKAGES AND CONTROL	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	02 FEB 2002 60000		

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)


Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE BODY IS STICKING, AND IT IS HARD TO PRESS ON GAS. ALSO, HARD TO STOP.*AK

CONTINUE ON BACK IF NECESSARY

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. 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.

 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 335 Date Received 28-MAY-2002	
	Ref. No. 8010577		Or. or rt. dt pd. rt up. ltr
OWNER INFORMATION (Type or Print)		Work Number _____ Home Number _____	
[REDACTED] CINNCANATI	[REDACTED] 756050 [REDACTED] OH		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) 1GCEK14V11E207694	Vehicle Make CHEVROLET TRUCK	Vehicle Model 1500	Vehicle Year 2001	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Anti-lock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 08410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failure	Dates of Failure(s) 28-MAY-2001	Mileage at Failure(s) 30000	Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
			NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	


APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


THROTTLE WAS STICKING. WHEN LETTING FOOT OFF GAS PEDAL VEHICLE CONTINUES TO ACCELERATE. TOOK VEHICLE TO DEALER, AND DEALER STATED IT WAS A KNOWN PROBLEM AND SPRAYED WITH CARBORATER CLEANER. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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. 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.

Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	
OWNER INFORMATION (Type or Print)		Date Received	Od_or _____ Rt_dt _____ Od_rt _____ Up_ltr _____
[Redacted] 756603 SEATTLE WA [Redacted]		28-MAY-2002	Reference No. 762353
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		Work Number	Home Number
Signature of Owner _____		Date ____/____/____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
1GTEK19T4YE196168	GMC	SIERRA	2000
Purchase Date 01-SEP-2000	Dealer's Name _____	Engine Size (CID/CC/L) 5.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injecto
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <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"/> Other <input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
			Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 100	Date(s) of Failure(s) 01-JUN-2001	Mileage at Failure(s) 15000	Vehicle Speed at Failure(s) 0
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
		Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
<p>MY ACCELERATOR PEDAL HAS BEEN STICKING FOR QUITE SOME TIME. IT WAS VERY SUBTLE AT FIRST AND I DIDN'T GIVE IT MUCH THOUGHT. I HAD INTENDED TO MENTION IT TO MY DEALER BUT DIDN'T BECAUSE I BEGAN HAVING PROBLEMS WITH NOT BEING ABLE TO START MY TRUCK. AFTER ABOUT FIVE OR SIX TRIPS TO THE DEALER THEY FINALLY INSTALLED A NEW COMPUTER COMPONENT THAT HAD BEEN RECALLED AND FIXED THE PROBLEM. NOW MY WARRANTY IS UP AND THE GAS PEDAL SEEMS TO STICK MORE OFTEN. I CAN LIVE WITH IT WHILE TRAVELING BECAUSE IT DOESN'T STICK AT A CURRENT SPEED THAT I AM DRIVING AT; IT STICKS WHEN I WANT TO START OUT OR ACCELERATE. MY CONCERN IS THAT RECENTLY WHEN I STARTED THE TRUCK IT STUCK TO THE POINT THAT WHEN I TRIED TO DEPRE-</p>			
CONTINUE ON BACK IF NEEDED			
<p>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. 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.</p>			

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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236</p> <p>www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 436</p> <p>Date Received: <u>04 JUN 2002</u></p> <p>Office: <u>DEFECTS INVESTIGATION</u></p>			
	<p>Od. or re. dt. pd. rt. up. ltr. _____</p>		<p>Reference No. <u>6047060</u></p>			
<p>OWNER INFORMATION (Type or Print)</p>						
<p>GR</p>		<p>757310</p>				
<p>CENTERVILLE</p>		<p>TX 75833</p>				
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>						
<p>Signature of Owner _____</p>				<p>Date <u>6/12/02</u></p>		
<p>VEHICLE INFORMATION</p>						
<p>Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)</p> <p>2GCEG19T2X1154553</p>		<p>Vehicle Make</p> <p>CHEVROLET TRUCK</p>	<p>Vehicle Model</p> <p>SILVERADO</p>	<p>Vehicle Year</p> <p>1999</p>	<p>Current Odometer Reading</p> <p>71,788</p>	
<p>Purchase Date</p> <p>10/99</p>	<p>Dealer's Name</p> <p>MADISONVILLE AUTO MALL</p>		<p>Engine Size (CID/GCC)</p> <p>No Cylinders _____</p>	<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>		
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>	<p>City</p> <p>MADISONVILLE</p>	<p>State</p> <p>TX</p>	<p>Zip Code</p> <p>77864</p>			
<p>Transmission Type</p> <p><input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System</p> <p><input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag</p>	<p>Cruise Control</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train</p> <p><input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel</p>	<p>Vehicle Type</p> <p><input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Body Style</p> <p><input type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p> <p><input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>						
<p>Component</p> <p>08410000</p>	<p>Part Name(s)</p> <p>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</p>		<p>Location</p> <p><input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>		<p>Failed Part(s)</p> <p><input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>	
<p>No. of Failures</p> <p>ON GOING</p>	<p>Date(s) of Failure(s)</p> <p>Since less than 20,000 mi</p>		<p>Mileage at Failure(s)</p> <p>65000</p>	<p>Vehicle Speed at Failure(s)</p>	<p>Failed Part(s)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>						
<p>Crash</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Fire</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number of Persons Injured</p>	<p>Number of Fatalities</p>	<p>Estimated Property Damage</p>	<p>Reported to Police</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>						
<p>STICKING ACCELERATOR PROBLEM STARTED LESS THAN 20,000 MILES. ACCELERATOR LINKAGE NEEDS TO BE REPLACED. ACCELERATOR PEDAL HAS TO BE MASHED WITH EXCESSIVE FORCE TO BECOME UNSTUCK WHICH INCREASES UNINTENDED SPEEDS. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION. *AK</p>						
<p style="text-align: right;">CONTINUE ON BACK IF NEEDED</p>						
<p>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. 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.</p>						

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

Auto Safety Hotline
Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 436

Date Received

04-JUN-2002

Od_or
rt_dt
bd_rt
up_ltr

Reference No.

8011060

OWNER INFORMATION (Type or Print)

GR

757310

CENTERVILLE

TX 75833

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GCEC19T2X1154563	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
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Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failure	Dates of Failure(s)	Mileage at Failure(s) 65000	Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

STICKING ACCELERATOR PROBLEM STARTED LESS THAN 20,000 MILES. ACCELERATOR LINKAGE NEEDS TO BE REPLACED . ACCELERATOR PEDAL HAS TO BE MASHED WITH EXCESSIVE FORCE TO BECOME UNSTUCK WHICH INCREASES UNINTENDED SPEEDS. DEALER WAS NOTIFIED. PLEASE PROVIDE MORE INFORMATION. *AK

CONTINUE ON BACK IF NEEDED

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258 Date Received 05-JUN-2002 Reference No. 762700 Work Number Home Number
OWNER INFORMATION (Type or Print) [Redacted] 757714 [Redacted] DEVILLE LA [Redacted]		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date: 6/1/02

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) 1GCEC19V3YZ138625	<small>Located at bottom of vehicle on driver's side</small>	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading	
Purchase Date 01-MAY-2001 <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CC/L CID) No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Lift <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL; THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 50	Date(s) of Failure(s) 10-MAY-2001	Mileage at Failure(s) 46710	Vehicle Speed at Failure(s) 0
Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalite 0	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

80% OF THE TIMES THAT YOU ATTEMPT TO MOME FROM A STOP THE ACCELLERATOR HANGS UP AND YOU HAVE TO EXERT TREMENDOUS PRESSURE ON THE ACCELLERATOR PEDAL TO BREAK IT LOOSE. THE ONLY SAFE WAY TO DO THIS IS TO PUT THE VEHICLE OUT OF GEAR. THIS CAN BE VERY DANGEROUS IN TRAFFIC. I BELIEVE THE MANUFACTURER SHOULD REPAIR THIS DEFECT AT NO COST TO ME EVEN THOUGH THE VEHICLE IS OUT OF WARRANTY.*AK

CONTINUE ON BACK IF NEEDED

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. 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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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>	<p>FOR AGENCY USE ONLY 1357</p> <p>Date Received: RECEIVED 11 JUN 2002 PM</p> <p>OFFICE DEFECTS INVESTIGATION</p> <p>Old or rt_dt: _____ pdy: _____ up_fr: _____</p> <p>Reference No. 8011491</p> <p>Work Number: _____ Home Number: _____</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>MIKE 758401</p> <p>LA JUNTA CO 81050</p>		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner: _____ Date: **7/22/02**

VEHICLE INFORMATION							
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GCEK14T6XE246901 <small>PLEASE FILL IN</small>	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading 45015			
Purchase Date 2-99	Dealer's Name Tor County GM		Engine Size (CID/CCL) 5.3L	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/> Turbo Diesel Gas Fuel Injection			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City La Junta	State CO	Zip Code 81050	No. Cylinders 8			
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"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycles <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL PEDAL	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS WHEN DRIVING, HAD TO PUSH DOWN VERY HARD TO RELEASE PEDAL, WHICH CAUSED SUDDEN ACCELERATION.*AK

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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.



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

Auto Safety Hotline
Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1367

Date Received 11-JUN-2002	Od_or _____ rt_dt _____ pd_rt _____ up_lr _____
Reference No. 8011491	

OWNER INFORMATION (Type or Print)

MIKE	758401
LA JUNTA	CO 81050

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> PLEASE FILL IN	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
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Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
--	--	---	---	--	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
------------------------------	---	--	---

No. of Failure	Dates of Failure(s)	Mileage at Failure(s)	Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS WHEN DRIVING, HAD TO PUSH DOWN VERY HARD TO RELEASE PEDAL, WHICH CAUSED SUDDEN ACCELERATION.*AK

CONTINUE ON BACK IF NEEDED

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 241 Date Received 11-JUN-2002 Reference No. B011562 Work Number Home Number
OWNER INFORMATION (Type or Print) [Redacted] 758657 CHALMETTE LA [Redacted]		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield or driver's side)</small> 2GTEC19T1Y1121751	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 2000	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____		Engine Size (CID/CCAL) No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Utl <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement		
No. of Failure	Dates of Failure(s) 11-JUN-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Mileage at Failure(s) 34000				
	Vehicle Speed at Failure(s)				

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</small>					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE PEDAL STICKS INTERMITTENTLY. DEALER CONTACTED. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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. 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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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1039 DATE: 08-MAR-2002 OFFICE OF DEFECTS INVESTIGATION Reference No. 8005174 Work Number Home Name	
OWNER INFORMATION (Type or Print) HARRY PINEVILLE LA 71360		742301 Signature of Owner: <i>[Signature]</i> Date: 03/22/02	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA will NOT provide your name and address to the vehicle manufacturer.			
VEHICLE INFORMATION Vehicle Ident. No. (VIN) (Locate at front of windshield on driver's side): 2GCEC19V3Y1137256 Vehicle Make: CHEVROLET Vehicle Model: TRUCK SILVERADO Vehicle Year: 2000 Current Odometer Reading: 36,100			
Purchase Date: 2-23-2000 <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Dealer's Name: <i>BERRY LANE CHEVROLET</i> City: <i>Monroe</i> State: <i>LA</i> Zip Code: _____ Engine Size (CID/CCL): _____ No. Cylinders: 8 <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic Anti-lock Brakes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Restraint System: <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Abolish Belt <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag Cruise Control: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Drive Train: <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Sport Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other Body Style: <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Station Wagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION Component #: 06420000 Part Name(s): FUEL THROTTLE LINKAGES-ACCELERATOR-RIGID Location: <input type="checkbox"/> Left <input checked="" type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Original <input type="checkbox"/> Replacement No. of Failures: 30 Date(s) of Failure(s): 02-FEB-2002 Mileage at Failure(s): 35 Vehicle Speed at Failure(s): _____ Failed Part(s): <input type="checkbox"/> Yes <input type="checkbox"/> No NHTSA Previously: <input type="checkbox"/> Yes <input type="checkbox"/> No			
APPLICATION 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 type="checkbox"/> No Fire: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Persons Injured: _____ Number of Fatalities: _____ Estimated Property Damage: _____ Reported to Police: <input type="checkbox"/> Yes <input type="checkbox"/> No			
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) WHEN PROCEEDING FORWARD OR STOPPING ACCELERATOR STICKS HAS TO KICK PEDAL TO BREAK LOOSE, AND VEHICLE SURGE FORWARD. *AK I TOOK THE TRUCK TO SOUTHERN CHEVROLET, ALEXANDRIA, LA WHERE THEY TOLD ME THE PROBLEM WAS THROTTLE LINKAGE AND IT WAS ROUTINE MAINTENANCE THEY WOULD NOT FIX IT UNLESS I PAID. I BELIEVE THIS IS A SAFETY HAZARD AND SHOULD BE REPAIRED UNDER THE WARRANTY. I HAVE			
CONTINUE ON BACK IF NEEDED 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.			

Fold to show Return Address (no stamp needed) Fasten with tape or staple and mail

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

TIRE IDENTIFICATION NO.

D O T

MANUFACTURER/TIRE NAME

SIZE

The identification number consists of 7 to 10 letters and numbers following the letters DOT. It is usually located near the rim flange on the side opposite the whitewall or on either side of a blackwall tire.

NARRATIVE DESCRIPTION (CONTINUED)

FIVE STRIP GM VEHICLES ARE WITH OUR REP OFFICES
AND NEITHER HAS EVER HAD PROBLEMS WITH A
THROTTLE VALVE.

U.S. E.P.A. FIVE-STAR 1990

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



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST CLASS PERMIT NO. 72173 WASHINGTON, D.C.

POSTAGE WILL BE PAID BY RATEE HWY TRAFFIC SAFETY ADMIN.

U.S. Department of Transportation
National Highway Traffic Safety Administration
Information Management Staff NSA-10.01
400 7th Street, SW
Washington, DC 20590





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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1039

Date Received
08-MAR-2002

Ord_or _____
nt_dt _____
pd_it _____
up_itr _____

Reference No.
8005174

Work Number _____
Home Number _____

OWNER INFORMATION (Type or Print)

HARRY IM 742301
PINEVILLE LA 71360

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small> 2GCEC19V3Y113/255	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading
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Purchase Date	Dealer's Name	Engine Size (CID/CCL) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other <input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000	Part Name(s) FUEL THROTTLE LINKAGES;ACCELERATOR;RIGID	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No of Failure	Dates of Failure(s) 02-FEB-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 35		
	Vehicle Speed at Failure(s)		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN PROCEEDING FORWARD OR STOPPING ACCELERATOR STICKS.HAS TO KICK PEDAL TO BREAK LOOSE, AND VEHICLE SURGE FORWARD. *AK

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 1220	
		Date Received <u>02 APR 15 2002</u> OFFICE DEFECTS INVESTIGATION Oct. or _____ rt. of _____ Ed. No. _____ up. Nr. _____ Reference No. 8008032	
OWNER INFORMATION (Type or Print)			
KATHERINE _____ 744432		Work Number _____ Home Number _____	
LAKE ELSINORE CA 92532			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>4/11/2002</u>			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GTEC14V2YZ211653	Vehicle Make GMC	Vehicle Model GMC TRUCK	Vehicle Year 2000
		Current Odometer Reading 60,200	
Purchase Date 12-2000	Dealer's Name REYNOLDS Buick/GMC Trucks	Engine Siz. (CID/CC/L) No. Cylinders <u>6</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City <u>Covina</u> State <u>CA</u> Zip Code <u>91223</u>		
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input checked="" type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util. Truck <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other
		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06810000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) <u>10-02-2001</u> Mileage at Failure(s) <u>56000</u> Vehicle Speed at Failure(s) <u>0</u>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
APPLICATION INCIDENT INFORMATION <small>(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies) on the back of this form)</small>			
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>0</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage <u>0</u>	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHEN DRIVING AND UPON PRESSING ACCELERATOR PEDAL IT STICKS. HAS TO PRESS DOWN VERY HARD TO RELEASE IT FROM STICKING. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK			

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 1220

Date Received

20-MAR-2002

Od_or _____
rt_dt _____
pd_rl _____
up_ltr _____

Reference No.

8006032

OWNER INFORMATION (Type or Print)

KATHERINE

744432

LAKE ELSINORE

CA 92532

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date / /

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>Located at bottom of windshield on driver's side</small> 1GTEC14V2YZ211653	Vehicle Make GMC	Vehicle Model GMC TRUCK	Vehicle Year 2000	Current Odometer Reading
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Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injector
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	--	--	--	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL;PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure	Dates of Failure(s)	Mileage at Failure(s) 56000	Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING AND UPON PRESSING ACCELERATOR PEDAL IT STICKS. HAS TO PRESS DOWN VERY HARD TO RELEASE IT FROM STICKING. PLEASE PROVIDE ANY FURTHER INFORMATION.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received

29-MAR-2002

Del_or
rt_nr
bd_rt
up_ftr

Reference No.

759984

OWNER INFORMATION (Type or Print)

RENO

NV

746612

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GTEK19T2YE115183	GMC	GMC	2000	

Purchase Date 01-OCT-2001	Dealer's Name	Engine Size (CID/CYL) LM7.5	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City State Zip Code	No Cylinders	

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3 Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part's
08410000	FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 50	Date(s) of Failure(s) 14-OCT-2001 Mileage at Failure(s) 38298 Vehicle Speed at Failure(s) 0	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR STICKS WHEN YOU PUSH ON IT. IT HAS GOTTEN WORSE.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Date Received 31-MAR-2002	Od_or rt_dt ed_rt up_itr
Reference No. 760043	

OWNER INFORMATION (Type or Print)

[Redacted]	[Redacted]	746666
KNOXVILLE	TN	[Redacted]
Work Number		Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 3/31/02

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19T5X1533415	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date 01-JUN-1999	Dealer's Name _____	Engine Size (CID/VCC) 5.3L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driver's Side Airbag <input type="checkbox"/> Passenger's Side Airbag <input type="checkbox"/> Motorbolt <input checked="" type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other <input type="checkbox"/> Sport Utility <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
--	---	--	--	---	---	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06420000	Part Name(s) FUEL THROTTLE LINKAGES ACCELERATOR RIGID	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failure 1	Date(s) of Failure(s) _____	Mileage at Failure(s) 26000	Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE PLATE STICKS AT IDLE REQUIRING ADDITIONAL FORCE TO RELEASE. THIS CAUSED VEHICLE TO FAIL TO COME OUT OF IDLE AT RED LIGHTS AND INTERSECTIONS. DEALERSHIP CHARGED ME REPEATEDLY FOR CLEANINGS AND ARGUED WITH ME REGARDING TSB'S ABOUT THE THROTTLE. I WAS TOLD I WAS NOT SUPPOSED TO HAVE THAT INFORMATION AND IT DIDN'T MATTER. I WAS TOLD THROTTLE BODY SYSTEMS ARE NORMAL MAINTENANCE AND THE THROTTLE BODY NEEDED REPLACEMENT EVERY 10,000 MILES. THE DRIVERS SEAT (MANUAL) WOULD UNEXPECTEDLY RELEASE THROWING ME INTO THE STEERING WHEEL. PLASTIC PART BROKE FROM SEAT TRACK. DEALERSHIP FAILED TO FIX, DAMAGED THE SEAT FURTHER TRYING TO GRIND ON THE TRACK AND HAMMERED SEAT T

CONTINUE ON BACK IF NEEDED

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Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 796	
	Date Received <p style="text-align: center; font-size: 1.2em;">16-APR-2002</p>	od_or _____ rt_dt _____ od_rt _____ up_ltr _____ Reference No. <p style="text-align: center; font-size: 1.2em;">8007681</p>
OWNER INFORMATION (Type or Print) _____ 748571 TUSCALOOSA AL _____ Work Number _____ Home Number _____		

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19T111385013	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 2001	Current Odometer Reading _____
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Underside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____		Body Style <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____		

FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 06410000	Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL-PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No. of Failure _____	Dates of Failure(s) 01 APR-2002	Mileage at Failure(s) 50000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured _____	Number of Fatale _____	Estimated Property Damag _____	Reported to Poic <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GAS PEDAL WILL CONTINUOUSLY GET STUCK WHEN DRIVING. CONSUMER HAS TO PULL IT BACK OUT WITH BOTH FEET. CONTACTED DEALER, AND THE DEALER WAS NOT WILLING TO DO ANYTHING.*AK

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 798

Date Received
16-APR-2002

Del_or _____
rt_dt _____
od_rt _____
up_tr _____

Reference No.
8007684

OWNER INFORMATION (Type or Print)

TUSCALOOSA AL _____ 748571

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GTEK19T6X1541779	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading
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Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel injectio
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Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport/Utility Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 01-APR-2002	Mileage at Failure(s) 50000	Vehicle Speed at Failure(s)
		Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GAS PEDAL WILL CONTINUOUSLY GET STUCK WHEN DRIVING. CONSUMER HAS TO PULL IT BACK OUT WITH BOTH FEET. CONTACTED DEALER, AND DEALER WAS NOT WILLING TO DO ANYTHING.*AK

CONTINUE ON BACK IF NEEDED

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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 258

Data Received
28-APR-2002

Dist. or
rt_dt
pd_rt
up_ltr

Reference No.
761286

OWNER INFORMATION (Type or Print)

ARLINGTON TX _____
750866

Work Number _____
Home Number _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) 2GCEC19T6X1193298
Vehicle Make CHEVROLET TRUC Vehicle Model SILVERADO Vehicle Year 1999 Current OJ Mileage Reading _____

Purchase Date 01-SEP-2001 Dealer's Name _____ Engine Size (CID/CCA) _____ Turbo Diesel Gas Fuel Injecto
 New Used City _____ State _____ Zip Code _____ No Cylinders _____

Transmission Type Manual Yes Automatic No
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt 2-Point Belt Driverside Airbag Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Sport Ut Truck Van Minivan Motorcycle Other
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000 08410000 Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failure 1 Date(s) of Failure(s) 24-APR-2002 Mileage at Failure(s) 68000 Vehicle Speed at Failure(s) 0 Failed Part(s) Yes No NHTSA Previously Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash Yes No Fire Yes No Number of Persons Injured 0 Number of Fatalitie 0 Estimated Property Damag _____ Reported to Pol c Yes No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GAS PEDAL STICKS EVERY TIME YOU START THE TRUCK, WHICH MAKES YOU LUNGE FORWARD OR BACKWARDS EVERY TIME YOU DRIVE. I HAVE READ NUMEROUS COMPLAINTS ON THIS SITUATION & I THINK IT SHOULD BE RECALLED. THE ABS SYSTEM WENT OUT AND WHEN I TOOK IT TO THE SHOP THEY SAID IT WAS VERY COMMON FOR THE CHEVROLET, SILVERADO TO DO THAT. I THINK IT SHOULD BE CHECKED ON TOO.*AK

CONTINUE ON BACK IF NEEDED

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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4238 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 758 Date Received <u>30-APR-2002</u> Office Investigation Reference No. <u>8008875</u> Work Number Home Number</p>	
<p>OWNER INFORMATION (Type or Print)</p> <p><u>LEROY</u> <u>MI</u> <u>75117</u></p>				<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. Signature of Owner _____ Date <u>5/21/2002</u></p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) (located at bottom of windshield on driver's side) <u>1GCEK14T0YZ129079</u></p>		<p>Vehicle Make <u>CHEVROLET TRUCK</u></p>	<p>Vehicle Model <u>SILVERADO</u></p>	<p>Vehicle Year <u>2000</u></p>	<p>Current Odometer Reading <u>39,900</u></p>
<p>Purchase Date <u>11-9-99</u> <input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>Dealer's Name <u>Hamilton</u> City <u>Hamilton</u> State <u>MI</u> Zip Code <u>49419</u></p>		<p>Engine Size (CID/CC) <u>5.3L</u> No. Cylinders <u>8</u></p>	<p><input type="checkbox"/> Turbo Diesel Gas Fuel Injector <input checked="" type="checkbox"/></p>
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>		<p>Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front Rear <input checked="" type="checkbox"/> 4-Wheel</p>
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>	<p>Sport Util <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle</p>	<p>Body Style <input checked="" type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up <input type="checkbox"/> Truck</p>			
<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>					
<p>Component <u>06410000</u></p>	<p>Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</u></p>			<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>
<p>No. of Failures <u>9-10</u></p>	<p>Date(s) of Failure(s) <u>28-MAR-2002</u> Mileage at Failure(s) <u>39000</u> Vehicle Speed at Failure(s) _____</p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured <u>0</u></p>	<p>Number of Fatalities <u>0</u></p>	<p>Estimated Property Damage <u>0</u></p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>ACCELERATOR PEDAL STICKS AT FIRST START, CONSUMER HAS TO PRESS DOWN HARD TO GET IT TO UNSTUCK, THEN VEHICLE WILL SURGE FORWARD. DEALER IS REPLACING THE THROTTLE BODY. *AK <u>Throttle Body was replaced by dealer on 5/9/2002.</u> <u>Had to replace CV joint due to squeaking problem.</u></p>					
<p>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. 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.</p>					



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

Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758	
Date Received 30-APR-2002	Od_o1 _____ rt_dt _____ od_rt _____ up_itr _____
Reference No. 8008875	
Work Number _____	
Home Number _____	

OWNER INFORMATION (Type or Print)

 _____ **751117**
LEROY **MI** _____

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) 1GCEK14T0YZ129079 <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make CHEVROLET TRUC	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading		
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio		
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure	Dates of Failure(s) 28-MAR-2002	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 30000		
	Vehicle Speed at Failure(s)		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatality	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

ACCELERATOR PEDAL STICKS AT FIRST START, CONSUMER HAS TO PRESS DOWN HARD TO GET IT TO UNSTUCK, THEN VEHICLE WILL SURGE FORWARD. DEALER IS REPLACING THE THROTTLE BODY. *AK

CONTINUE ON BACK IF NEEDED

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. 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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 DOT Auto Safety Hotline U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 758 Date Rec'd: <u>03-MAY-2002</u> OFFICE: <u>DEFECTS INVESTIGATION</u>	
	Date Rec'd: <u>03-MAY-2002</u>		Od. or rt. dt. <u> </u> od. rt. <u> </u> up. ltr. <u> </u>	Reference No. <u>8009082</u>

OWNER INFORMATION (Type or Print) [Redacted] 752117 [Redacted] WATSONVILLE CA [Redacted]		Work Number <u> </u> Home Number <u> </u>
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 2GCEK19T8Y1181965	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 2000	Current Odometer Reading 60,000
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name <u>Anderson Chevrolet</u> City <u>Cupertino</u> State <u>CA</u> Zip Code <u>95014</u>		Engine Size (CID/CCL) <u>5.3</u> No. Cylinders <u>8</u>	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
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 type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Motorbelt 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front Wheel <input checked="" type="checkbox"/> Rear Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Body Style <input type="checkbox"/> Sport Utility Truck <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck		

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>06410000</u>	Part Name(s) <u>FUEL-THROTTLE LINKAGE AND CONTROL PEDAL</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) <u>01-APR-2000</u> Mileage at Failure(s) <u>8000 10,000</u> Vehicle Speed at Failure(s) <u> </u>	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE LINKAGE STICKS INTERMITTENTLY AT FIRST START, DEALER CANNOT FIND AUSE. *AK
 Problem is on going to Day
 TAKE Extra Pressure on Accelerator Pedal
 from Idle position cause vehicle to Buck Rubbers
 accelerate at High Speeds

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

Auto Safety Hotline
Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

FOR AGENCY USE ONLY 758

Date Received

03-MAY-2002

Od_or _____
rt_dt _____
pd_rt _____
up_ltr _____

Reference No.

8009082

OWNER INFORMATION (Type or Print)

WATSONVILLE

CA

752117

Work Number

Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner

Date

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) <small>(Located at bottom of windshield on drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
2GCEK19T8Y1181965	CHEVROLET TRUC	SILVERADO	2000	

Purchase Date	Dealer's Name	Engine Size (CID/CC)	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorcyclist <input type="checkbox"/> 2-Point Bel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Lift <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
-----------------------	--	--	---

No. of Failure	Dates of Failure(s) 01-APR-2001	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No
	Mileage at Failure(s) 60000		
	Vehicle Speed at Failure(s)		

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THROTTLE LINKAGE STICKS INTERMITTENTLY AT FIRST START, DEALER CANNOT FIND AUSE. *AK

CONTINUE ON BACK IF NECESSARY

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. 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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 <p>Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p>FOR AGENCY USE ONLY 258</p> <p>Date Received 17-NOV-2000</p> <p>Ord. or rt. dt ed. rt up. hr</p> <p>Reference No. 736457</p> <p>Work Number</p> <p>Home Number</p>
<p>OWNER INFORMATION (Type or Print)</p> <p>657242</p> <p>WEBSTER MN</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) 2GCEK19T4X1196784	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading		
Purchase Date 01-MAR-1999	Dealer's Name		Engine Size (CID/CCT) 5300	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000 10121000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL VISUAL SYSTEMS: GLASS POWER WINDOW DOOR AND SIDE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 01-MAR-1999 Mileage at Failure(s) Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)


GAS PEDAL STICKS IF FOOT IS REMOVED FOR ANY REASON, BE IT COASTING INTO A TURN, STARTING OUT FROM A STOP. SPEED OF VEHICLE DOES NOT MATTER. WHEN THE FOOT PEDAL ENGAGES THERE IS SUDDEN EXCELLERATION, CAUSE PASSENGERS HEAD TO WIPE FORWARD. ON ICY CONDITIONS THIS HAS BECOME A DANGER IN ITSELF. AT THE GAS STATION INCHING UP TO PUMP IT HAS LOCKED UP AND LUNGED FORWARD ALMOSTING HITTING A VEHICLE IN FRONT. I HAVE NOTIFED THE DEALERSHIP. I HAVE ALSO SPOKE TO THREE OTHER PEOPLE WHO HAVE THIS SAME, YEAR, MAKE AND MODEL AND ALL SAY THEY HAVE THE SAME PROBLEM. TWO OF THEM HAVE HAD REPAIRS DONE ON THE GAS PEDAL. WINDOW ON DRIVER SIDE (ELECTRIC) WAS BEING ROLLED UP HALF WAY UP WINDOW CABLE BROKE AND WINDOW SLAMMED DOWN INSIDE DOOR. BOTH PASSENGER AND DRIVERS

CONTINUE ON BACK IF NECESSARY

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. 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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vehicle #26CEC19T5X1153898

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 758</p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>DIANA 665003 HOUSTON TX 77038</p>		<p>Date Rec'd RECEIVED INVESTIGATIVE OFFICE DEFECTS INVESTIGATION 05 JAN 2001 25 Reference No. 877544</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 1/17/01

<p>VEHICLE INFORMATION</p>						
Vehicle Ident. No. (VIN.) <u>ADD26CEC19T5X1153898</u>	Vehicle Make <u>CHEVROLET TRU</u>	Vehicle Model <u>SILVERADO</u>	Vehicle Year <u>1999</u>	Current Odometer Reading <u>51,000</u>		
Purchase Date <u>1-2-99</u>	Dealer's Name <u>Robbins Chevrolet</u>		Engine Size (CID/GCC) <u>3.4 Lit</u>	<input type="checkbox"/> Turbo Diesel Gas <input checked="" type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>Humble</u>	State <u>TX</u>	Zip Code			
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Anti-lock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other

<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
Component <u>06416000</u>	Part Name(s) <u>FUEL THROTTLE LINKAGES AND CONTROL PEDAL</u>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original Replacement
No. of Failures	Date(s) of Failure(s) <u>01-OCT-2000</u>	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) <u>51000</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s)		

<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN CONSUMER APPLIES GAS PEDAL IT STICKS, HE HAS TO PRESS VERY HARD TO GET VEHICLE TO ACCELERATE. *AK *When vehicle accelerates it jumps - could cause you to hit someone*

CONTINUE ON BACK IF NEEDED

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0126 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 258	
	Date Received 18-DEC-2000		Od_or r_dt _____ od_rf _____ up_ltr _____
OWNER INFORMATION (Type or Print)		Reference No. 737944	
[REDACTED] [REDACTED] 667157 [REDACTED]		Work Number [REDACTED]	
CLEVELAND GA [REDACTED]		Home Number [REDACTED]	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____

Date 1 / 1

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GCEC19T3X1198927	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
Purchase Date 01-MAY-2009	Dealer's Name _____		Engine Size (CID/CCL) 5.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel
Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other		Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 06410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 2	Date(s) of Failure(s) 01-JUN-2009 Mileage at Failure(s) 34000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

GAS PEDAL STICKS. MAKES TRUCK JERK QUICKLY FORWARD IN DRIVE GEAR, OR JERK QUICKLY BACKWARD WHEN IN REVERSE. THE PART WAS REPLACED AT ABOUT 34000 MILES, HOWEVER THE SAME PROBLEM HAPPENED AGAIN AT 67000 MILES. LESS THAN 34000 MILES AGAIN. THIS IS A SEVERE PROBLEM WITH THE GAS PEDAL STICKING. IT IS HARD TO PARK THE TRUCK, BACK THE TRUCK UP, OR START MOVEMENT OF THE TRUCK IN TIGHT PLACES. THE TRUCK COULD LURCH OUT OF CONTROL AND HIT ANOTHER CAR IN FRONT OR REAR. THE GAS PEDAL HAS TO BE STOMPED TO GET IT UNSTUCK. THIS COULD LEAD TO AN UNCONTROLLED ACCELERATION.

CONTINUE ON BACK IF NEEDED

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 258	
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 15-JAN-2001
	OWNER INFORMATION (Type or Print) _____ _____ ABILENE TX		Reference No. 733408
Signature of Owner _____ Date _____		Work Number _____ Home Number _____	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) 2G0CEC19T8X1297596	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999
Purchase Date 01-NOV-2099	Dealer's Name _____	Engine Size (CID/GCC/L) 5.3L	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sport Utility Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____
		Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____
		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 05400000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 100	Date(s) of Failure(s) 01-JUL-2000 Mileage at Failure(s) 40000 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
AFTER PICKUP HAS BEEN DRIVEN FOR A FEW MINUTES, LIKE TO A SHOPPING CENTER, AND THE ENGINE IS STOPPED. UPON RESTARTING ENGINE THE THROTTLE WILL STICK, REQUIRING AN ESTAMATED 30 TO 90 POUNDS PRESSURE TO ACTIVATE. THEN, IT WILL SUDDENLY DEPRESS CAUSING THE PICKUP TO "JUMP." THIS IS DANGEROUS, PARTICULARLY BACKING OUT INTO TRAFFIC OR TRYING TO BACK TO HITCH A TRAILER.*AK			
CONTINUE ON BACK IF NEEDED			
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. 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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U.S. Department of Transportation National Highway Traffic Safety Administration	Auto Safety Hotline Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov	FOR AGENCY USE ONLY 117 Date Received <p style="font-size: 1.2em; font-weight: bold;">01-FEB-2001</p>	
	OWNER INFORMATION (Type or Print) _____ _____ MANY	_____ _____ LA	671962 Work Number _____ Home Number _____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on drivers side)</small> <p style="font-size: 1.1em; font-weight: bold;">1GCEK19T0XZ140932</p>	Vehicle Make <p style="font-size: 1.1em; font-weight: bold;">CHEVROLET TRU</p>	Vehicle Model <p style="font-size: 1.1em; font-weight: bold;">1600</p>	Vehicle Year <p style="font-size: 1.1em; font-weight: bold;">1999</p>	Current Odometer Reading _____	
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CCL) _____ No Cylinders _____	<input type="checkbox"/> Turbo Diesel Gas Fuel Injection <input checked="" type="checkbox"/>	
Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport UT Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <p style="font-size: 1.1em; font-weight: bold;">08410000</p>	Part Name(s) <p style="font-size: 1.1em; font-weight: bold;">FUEL-THROTTLE LINKAGES AND CONTROL-PEDAL</p>	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures <p style="font-size: 1.1em; font-weight: bold;">5</p>	Date(s) of Failure(s) Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <p style="font-size: 1.1em; font-weight: bold;">0</p>	Number of Fatalities <p style="font-size: 1.1em; font-weight: bold;">0</p>	Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHENEVER DRIVING AND GAS PEDAL WAS APPLIED, IT WOULD STICK EVERY TIME. THEN, IT WOULD SUDDENLY CATCH AND JERK VEHICLE. WOULD BE NO WARNING. BEEN TO DEALERSHIP TWICE FOR PROBLEM. FIRST TIME INFORMED IT WOULD WORK ITSELF OUT. SECOND TIME WAS INFORMED A LOT COMPLAINTS ON GAS PEDAL STICKING. PROBLEM NOT READILY RESOLVED. *AK

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. 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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Auto Safety Hotline
Vehicle Owner's Questionnaire
NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258	
Date Received 02-FEB-2001	Od_or _____ R_d _____ od_rt _____ Up_ftr _____
Reference No. 740328	
Work Number _____	
Home Number _____	

OWNER INFORMATION (Type or Print)

RICHMOND VA _____

673631

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 1GCEK13V9XE214502	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
---	--------------------------------------	-----------------------------------	-----------------------------	--------------------------

Purchase Date 01-JUL-2099	Dealer's Name _____	Engine Size (CID/CCL) 305	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Articlock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other	Sport UT Truck Motorcycle <input checked="" type="checkbox"/> Pick Up Truck Other	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Other
--	--	--	--	---	--	--	--

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 08410000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 100	Date(s) of Failure(s) 01-AUG-2099 Mileage at Failure(s) 48000 Vehicle Speed at Failure(s) 5	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	---------------------------	----------------------	---------------------------	---


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

INCREASED ACCELERATOR PEDAL EFFORT CAUSED BY STICKING PARTS IN THROTTLE BODY. CHEVROLET TBS000604 CONFIRMS THE PROBLEM BUT DOES NOT OFFER HELP TO OWNER.*AK

CONTINUE ON BACK IF NEEDED

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. 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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Auto Safety Hotline		FOR AGENCY USE ONLY 259		
 U.S. Department of Transportation National Highway Traffic Safety Administration	Vehicle Owner's Questionnaire NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov		Date Received 17-NOV-1999	Ord. or R. dt od. ri up. tr
	OWNER INFORMATION (Type or Print) [Redacted] 578343 TRINITY NC [Redacted]		Reference No. 714916	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Signature of Owner _____ Date: _____		
VEHICLE INFORMATION				
Vehicle Ident. No. (VIN) <small>(Located in bottom of windshield on driver's side)</small> 2GCEC19T3X1105145	Vehicle Make CHEVROLET TRUK	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading
Purchase Date 01-SEP-1998	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) <u>VORTEX</u> No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION				
Component 95400000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement	
No of Failures 25	Date(s) of Failure(s) <u>01-SEP-1999</u> Mileage at Failure(s) <u>23000</u> Vehicle Speed at Failure(s) <u>5</u>	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)				
WHEN I TAKE OFF FROM A STOP LIGHT OR STOP SIGN THE ACCELERATOR HANGS AND TRUCK WILL NOT GO. BUT WHEN DOES UNHANG ITSELF IT TAKES OFF IN A LUNGING MOTION WHICH COULD BE A HAZARD. IT HAS DONE THIS SEVERAL TIMES AND I HAVE TAKEN IT TO THE DEALERSHIP AND WAS TOLD IT WAS CARBON BUILDUP, AND THAT THEY COULD NOT DO ANYTHING ABOUT IT. *AK				
<small>CONTINUE ON BACK IF NEEDED</small>				
<small>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. 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.</small>				


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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 333	
		Date Received 07-FEB-2000	Od. or rt_dt _____ od_rt _____ up_ltr _____
OWNER INFORMATION (Type or Print)		Reference No. 856391	
[Redacted] [Redacted] 588899 [Redacted] WESTCLIFFE CO [Redacted]		Work Number _____ Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at front of windshield or driver's door)</small> 1GCEK19V2XF154839	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 1999 Current Odometer Reading _____
Purchase Date _____ <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2 Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4 Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport UT <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000 15300000 10121000	Part Name(s) FUEL; THROTTLE LINKAGES AND CONTROL PEDAL EQUIPMENT; SPEED CONTROL VISUAL SYSTEMS; GLASS; POWER WINDOW DOOR AND SIDE	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures _____	Date(s) of Failure(s) 05-JUL-1999 Mileage at Failure(s) 19000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING ON A SLIGHT INCLINE LET FOOT OFF ACCELERATOR AND VEHICLE CONTINUED TO ACCELERATE. DEALER WORKED ON IT, AND REPLACED CRUISE CONTROL CABLE AND THROTTLE BODY. ALSO, DRIVER'S SIDE POWER WINDOWS WORK INTERMITTENTLY UP AND DOWN. DEALER REPLACED SWITCH AND MOTOR. *AK			
CONTINUE ON BACK IF NEEDED			
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. 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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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241	
OWNER INFORMATION (Type or Print) [Redacted] [Redacted] 597716 [Redacted] [Redacted] MELFA VA [Redacted]		Date Received 22-MAR-2000	Od or rt_dt _____ od_rt _____ up_ltr _____
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.		Reference No. 858989	
Signature of Owner _____ Date ____/____/____		Work Number [Redacted] Home Number _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) PLEASE FILL IN	Vehicle Make CHEVROLET TRUCK	Vehicle Model SILVERADO	Vehicle Year 2000
Current Odometer Reading	Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/KCC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Sport UTR <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 03224000 06410000 02900000	Part Name(s) BRAKES:HYDRAULIC:POWER ASSIST:BOOSTER FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) 20-OCT-1999 Mileage at Failure(s) 8000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
VEHICLE EXPERIENCING THE FOLLOWING PROBLEM 1.) BRAKE BOOSTER HAD TO BE REPLACED ON TWO OCCASIONS; 2.) THOTTLE STICKING, UNBLE TO CORRECT THE THROTTLE FROM STICKING. 3.) WHEN APPLYING BRAKE PEDAL IN WET ROAD CONDITIONS IT COMMENCED TO PULSATE INTERMITTENTLY, CAUSING EXTENDED STOPPING DISTANCE, AND 4.) SQUEAKING SOUND COMING FROM THE SUSPENSION. VEHICLE BEEN IN/OUT OF DEALER SHOP ON THREE OCCASIONS, AND PROBLEMS ARE STILL REOCCURRING.*AK			
(CONTINUE ON BACK IF NEEDED)			
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. 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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 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) U.S. Department of Transportation National Highway Traffic Safety Administration NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 156	
OWNER INFORMATION (Type or Print) [Redacted] 599475 [Redacted] FREELAND MI [Redacted]		Date Received 28-MAR-2000	Ord. or rt. dt. _____ od_r1 _____ up_itr _____ Reference No. 859326
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Locate at bottom of windshield on driver's side)</small> PLEASE FILL IN	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 2000 Current Odometer Reading _____
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/KVA) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport UT <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 10110001	Part Name(s) VISUAL SYSTEMS:GLAZING MATERIAL STICKER	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures _____	Date(s) of Failure(s) 01-JAN-2000 Mileage at Failure(s) 8 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE DRIVING THROTTLE STICKS WHICH MAY CAUSE VEHICLE TO SKID AND RESULT IN A CRASH. DEALER CANNOT DETERMINE THE CAUSE OF PROBLEM. PLEASE PROVIDE FURTHER INFORMATION. *AK			
<small>CONTINUE ON BACK IF NEEDED</small>			
<small>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. 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.</small>			

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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258	
		Date Received 22-MAR-2000	Od_or _____ r_dt _____ od_rt _____ up_llr _____
OWNER INFORMATION (Type or Print)		Reference No. 720496	
[Redacted] 593867 [Redacted]		Work Number [Redacted] Home Number [Redacted]	
PINEVILLE LA [Redacted]			
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GCEC19T2X1126276	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999
Current Odometer Reading _____			
Purchase Date 01-FEB-2000	Dealer's Name _____ City _____ State _____ Zip Code _____	Engine Size (CID/CCL) 5.3 No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000 06114000 03150000	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL PEDAL FUEL FUEL TANK ASSEMBLY GAUGE FUEL ENGINE VALVES VALVE TRAIN	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 9999	Date(s) of Failure(s) 01-MAR-2000 Mileage at Failure(s) 26879 Vehicle Speed at Failure(s) 0	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0
		Estimated Property Damage _____	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
ACCELERATOR OR THROTTLE HANGS UP FROM DEAD STOP, CAUSING THE VEHICLE TO LUNGE UPON ACCELERATION - FUEL GAUGE GOES TO FULL MARK WILL NOT MOVE UNTIL FUEL TANK IS ALMOST EMPTY - ENGINE HAS A SOUND LIKE THE VALVES ARE RATTLING AFTER VEHICLE HAS SET FOR 30 MINUTES OR MORE - VEHICLE HAS A BAD MISS IN THE ENGINE AS IF IT WILL STOP RUNNING THIS IS INTERMITTENT MOST NOTICEABLY ON INCLEMENT DAYS - EXHAUST HAS A LOUD HUM AT 35 TO 45 MPH AND ANY TIME YOU ACCELERATE TO PASS OR MERGE INTO TRAFFIC.			
<small>COMPLETE ON BACK IF NEEDED</small>			
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. 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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DOT Auto Safety Hotline

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

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

EMERGENCY USE ONLY 119

Date Received
00 MAY 30 AM 11:37

OFFICE
NHTSA'S INVESTIGATION

Old or
rt_dt
od_rt
ap_tr

Reference No.
861300

OWNER INFORMATION (Type or Print)

DAVID 606713
HIGHLAND MI 48356

Work Number
Home Number

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date 5/18/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GCEC14V2XZ121844
Vehicle Make CHEVROLET TRU Vehicle Model SILVERADO Vehicle Year 1998 Current Odometer Reading 19700

Purchase Date 12-98 Dealer's Name GARC Chevy
 New Used CRY GRAND Haven State MI Zip Code _____
Engine Size (CID/CC/L) _____ Turbo Diesel Gas Fuel Injection No Cylinders _____

Transmission Type Manual Automatic
Antilock Brakes Yes No
Restraint System 3-Point Belt Motorbelt Driverside Airbag 2-Point Belt Passengerside Airbag
Cruise Control Yes No
Drive Train Front Rear 4-Wheel
Vehicle Type Car Van Minivan Other Sport UR Truck Motorcycle
Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 98410060 Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL:PEDAL Location Left Right Front Rear Failed Part(s) Original Replacement

No of Failures ongoing Date(s) of Failure(s) All Mileage at Failure(s) All Vehicle Speed at Failure(s) STARTS PEDAL STICKS
Failed Part(s) Available? Yes No NHTSA Previously Contacted? Yes No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash Yes No Fire Yes No Number of Persons Injured _____ Number of Fatalities _____ Estimated Property Damage _____ Reported to Police Yes No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING AND UPON DEPRESSING THE ACCELERATOR PEDAL, THE PEDAL GOT STUCK, DID NOT RETURN, CAUSING UNWANTED AND UNEXPECTED ACCELERATION. *AK
GAS PEDAL stick shut then HAROR pressure acceleration is greater than expected
The Dealers clean fuel injector to fix problem which keep reoccurring note (SERVICE WORK DONE AT Jay Chevy

CONTINUE ON BACK IF NEEDED

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. You are under no obligation to respond 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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 <p style="text-align: center;">DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: center;">FOR AGENCY USE ONLY 119</p> <p>Date Received 03-MAY-2000</p> <p>Od_r _____ rt_dt _____ od_rt _____ up_tr _____</p> <p>Reference No. 861300</p>
---	---

OWNER INFORMATION (Type or Print)	
DAVID	606713
HIGHLAND	MI 48356

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? Yes NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date _____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN.) 1GCEC14V2XZ121644	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999	Current Odometer Reading		
Purchase Date	Dealer's Name		Engine Size (CID/CYL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____		No Cylinders			
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorball <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ut <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other	Body Style <input type="checkbox"/> 2 Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06410000	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) Vehicle Speed at Failure(s)	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No


APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHEN DRIVING AND UPON DEPRESSING THE ACCELERATOR PEDAL, THE PEDAL GOT STUCK, DID NOT RETURN, CAUSING UNWANTED AND UNEXPECTED ACCELERATION. *AK

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. 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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 U.S. Department of Transportation National Highway Traffic Safety Administration		DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR OFFICIAL USE ONLY 118 Date Received JUN 16 AM 10:21 31-MAY-2006 OFFICE DEFECTS INVESTIGATION	
OWNER INFORMATION (Type or Print)				Reference No. 862742	
WOODLAND		611487		Work Number	
BALTIMORE		MD 21234Q		Home Number	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.					
Signature of Owner				Date 6/11/06	
VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small> 2GTEC19T3X1556231		Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999	Current Odometer Reading 6,275
Purchase Date 7/17/99	Dealer's Name <u>JONES GMC</u>		Engine Size (CID/GCC/L) 5.3	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	<input checked="" type="checkbox"/> New <input type="checkbox"/> Used
City <u>BELAIR</u> State <u>MD</u> Zip Code <u>21014</u>		No. Cylinders <u>8</u>			
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag		Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other	<input type="checkbox"/> Sport Ut <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other			
FAILED COMPONENT(S)/PART(S) INFORMATION					
Component 86400800	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL		Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear		Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) <u>5/13/06</u> Mileage at Failure(s) <u>5008</u> Vehicle Speed at Failure(s) <u>2-3 MPH</u>		Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
WHILE BACKING OUT OF GARAGE, TRUCK WENT FULL THROTTLE WITHOUT FOOT BEING ON THE ACCELERATOR PEDAL. DRIVER HAD TO STAND ON BRAKE AND TURN IGNITION OFF TO GET TRUCK TO STOP. TRUCK WAS TAKEN TO THE DEALERSHIP. THROTTLE BODY WAS REPLACED DUE TO STICKING. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK <p style="text-align: center;">- SEE ENCLOSED -</p>					
<small>CONTINUE ON BACK IF NEEDED</small>					
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. 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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1999 Extended Cab Sierra MD tag: VN 0678

PROBLEM:

5/15/00

On Saturday, May 13, I was slowly backing the truck out of my garage (level floor). The A/C was on and as I began to back down the driveway (transmission in reverse) the motor 'surged' and the truck went 'full throttle' on me. I literally had to 'stand on the brake' and quickly turn off the ignition. I put the transmission in 'park' and turned on the ignition. Again, the motor went 'full throttle' with the transmission in 'park'. I quickly turned off the ignition. Next, I either turned 'off' the A/C prior to trying to restart the vehicle or I restarted the vehicle and everything was normal and I immediately turned 'off' the A/C. I can't remember exactly what order I did things at this point. However, things returned to 'normal' at this point and I continued to back down the driveway and park the truck on the street. I then called Jones GMC to schedule an appointment. Later that day, I pulled the truck back into the garage with no 'problem'.

The only other 'operational' quirks that I have noticed but haven't considered significant enough to warrant service are the following:

1. -Occasionally (usually after the truck has not been run for a while), the truck would not start on the first attempt. It would always start on the second attempt-something that I don't consider a big deal.
2. -Very occasionally after starting the truck to pull it into the garage (on an incline with the nose 'up') there is a slight surge in the motor (RPM rise) which returns to normal almost instantaneously. It almost feels as if the motor is starving for fuel, gets a large dose of it,



and then 'levels' out. Again, this is an infrequent event.

Other than the above, the only thing I have noticed lately is that after I had the wheels rotated I noticed a slight rattle coming from (I believe) under the dashboard. However, the more I drive the truck, the less I hear it.

Woodland - - - -

(W)

(H) ✓

DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 118	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 31-MAY-2000	Oid_or rt_dt od_rt up_ltr
		Reference No. 862742	
OWNER INFORMATION (Type or Print)			
WOODLAND		611497	
BALTIMORE		MD 21234Q	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date <u> / / </u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on drivers side)</small> 2GTEC19T3X1558231	Vehicle Make GMC	Vehicle Model SIERRA	Vehicle Year 1999
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used		Current Odometer Reading	
Dealers Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CYL) _____ No Cylinders _____ <input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel		Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycles	
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other			
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 96400009	Part Name(s) FUEL THROTTLE LINKAGES AND CONTROL	Location <input type="checkbox"/> Left Front <input type="checkbox"/> Right Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures	Date(s) of Failure(s) Mileage at Failure(s) <u> 6209 </u> Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured	Number of Fatalities
Estimated Property Damage		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
WHILE BACKING OUT OF GARAGE, TRUCK WENT FULL THROTTLE WITHOUT FOOT BEING ON THE ACCELERATOR PEDAL. DRIVER HAD TO STAND ON BRAKE AND TURN IGNITION OFF TO GET TRUCK TO STOP. TRUCK WAS TAKEN TO THE DEALERSHIP. THROTTLE BODY WAS REPLACED DUE TO STICKING. PLEASE PROVIDE ANY FURTHER INFORMATION. *AK			
CONTINUE ON BACK IF NEEDED			
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. 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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DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 258	
		Date Received 07-JUN-2000	Od_or _____ rt_dt _____ od_rt _____ up_tr _____ Reference No. 723582
OWNER INFORMATION (Type or Print)			
[Redacted] [Redacted] [Redacted] 616083		Work Number [Redacted]	
ANTIOCH TN [Redacted]		Home Number [Redacted]	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date _____	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN.) <small>(located at bottom of windshield on driver's side)</small> 2GCEK19TOX1266992	Vehicle Make CHEVROLET TRU	Vehicle Model SILVERADO	Vehicle Year 1999
Current Odometer Reading _____		Purchase Date 01-JUN-1999	
Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 5.3 L No. Cylinders _____	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used		<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection	
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Drive Train <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"/> Other _____	
<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle		Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 02100000 02400000 02700000	Part Name(s) SUSPENSION:INDEPENDENT FRONT SUSPENSION:SINGLE AXLE:REAR TIRES	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 1	Date(s) of Failure(s) 25-JAN-2000 Mileage at Failure(s) 14000 Vehicle Speed at Failure(s) _____	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured _____	Number of Fatalities _____
Estimated Property Damage _____		Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
TRUCK HAS BEEN AT DEALER FOR REPAIR TOTAL OF 35 DAYS BEFORE 1ST ANNIV. OF OWNERSHIP WITH OVER 20 SEPARATE PROBLEMS, 5 OF WHICH ARE UNRESOLVED TO THIS DATE. VEHICLE IS AT DEALER NOW FOR FINAL REPAIR BEFORE TN LEMON LAW CAN BE IMPLEMENTED. WORST AND CURRENT PROBLEMS ARE FRONT END ALIGNMENT (PULLS TO RIGHT), FRONT BRAKE SQUEALING (PADS REPLACED TWICE, ROTORS TURNED ONCE), REAR END VIBRATION AT ANY SPEED AND CLANKING SOUND OVER BUMPS(ALL 4 TIRES, BOTH REAR LEAF SPRING STACKS, ALL 4 SHOCKS REPLACED. ONE SHOCK HAD BROKEN SHAFT) , ENGINE BACKFIRES & KNOCKS AT STARTUP (DEALER REPROGRAMMED COMP. W/NO RESULTS EXCEPT TO IMPROVE POWER, BUT ACCEL. PEDAL STICKS NOW!), TRANS. SLIPS FROM DEAD STOP FOR FEW SECONDS ABOUT ONCE PER WEEK, 4WD TRANSFER			
(CONTINUE ON BACK IF NEEDED)			
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. 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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SEP 20 2000

[REDACTED]
[REDACTED]
Ponder, TX [REDACTED]
[REDACTED]

NAS-10.01/gmh
Ref. #552445

Thank you for your correspondence which was received May 30, 2000, concerning your 1999 GMC Conventional. We regret any inconvenience our delay in responding to your correspondence may have caused.

The National Highway Traffic Safety Administration (NHTSA) is the Federal agency responsible for improving safety on our nation's highways. We are authorized to order manufacturers to recall and repair vehicles or items of motor vehicle equipment when our investigations indicate that they contain serious safety defects in their design, construction, or performance. We also monitor the adequacy of manufacturers' recall campaigns. In order for the agency to initiate a safety defect or recall adequacy investigation, sufficient data must exist to warrant the expenditure of agency resources. Most of the information in our database comes from problems reported to us by consumers. However, we cannot act on isolated problems or disputes between individual owners and dealers or manufacturers.

We appreciate the report you have provided. Reports from motorists are a very important source of information for our investigations. Each report is analyzed and compiled into a computerized data system to assist us in identifying potential recall inadequacies and safety defects to determine whether an investigation is warranted. A review of our data relative to the accelerator pedal, brake problem you described revealed insufficient evidence to warrant a defect investigation at this time. **However, an investigator may have called you or may call you for more detailed information.** The information you provided has been entered into our data system. It will be used with other reports to identify safety-defect trends which require our attention.

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You can contact our toll-free DOT Auto Safety Hotline (Hotline) at 1-888-DASH-2-DOT (1-888-327-4236) and one of our representatives may be able to assist you on matters concerning motor vehicle and motor vehicle equipment safety recalls or to report an alleged safety problem. You can also request safety information. If our telephones are busy, or during non working hours, you can leave your name, telephone number and a short subject on our recording system. A Hotline representative will return you call.

Additionally, we have an Internet site at <http://www.nhtsa.dot.gov> that you may want to visit. An electronic vehicle owner's questionnaire is also available on this site at <http://www.nhtsa.dot.gov/ivoq>. This form is for vehicle owners to report safety-related problems about their motor vehicles or motor vehicle equipment, e.g., child safety seats, jacks, tires, brake fluid, etc. The reports submitted are electronically transferred to our automated data system file, and are used to identify safety-related defects trends that require our attention. If you do not have access to the Internet, please use the enclosed Vehicle Owner's Questionnaire to inform this agency of any future safety motor vehicle or motor vehicle equipment problems you may experience. Summary listings of vehicle owners' complaints, safety recall, manufacturers' service bulletins, etc., can also be obtained at this site at <http://www.nhtsa.dot.gov/cars/problems>.

If I can be of any further assistance, I can be contacted at 1-202-366-5211.

Sincerely,

Alberto A. Jimenez, Chief
Information Management Staff
Office of Defects Investigation
Safety Assurance

Enclosure (s)

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1999 GMC

552445

N.H.T.S.A. RECEIVED

G.M.C. DO MAY 30 AM 11:53

I HAVE A 1999 GMC SUT #


~~2GTEK15T051312391~~


2GTEK15T051312391


NOT CLEAR

✓ BRAKES ARE NOT RELIABLE ABOUT every 4 to 5 thousand miles you will only have about 60% of STAPING or BRAKING 3 TIMES the Brake pedal inch all the way to the Floor or BRAKING For STOP SIGNS. THE ACCELERATOR pedal STICKS or HANGS UP when STARTING out in Drive or REVERSE and The Truck will JUMP Forward or BACKWARD. IT ALSO HANGS UP while DRIVING.

Product To

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONALWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 335	
U.S. Department of Transportation National Highway Traffic Safety Administration		Date Received 10-JUL-2000	Ord_or _____ rt_dt _____ od_rt _____ up_tr _____ Reference No. 865125
OWNER INFORMATION (Type or Print)		Work Number	
[REDACTED] 619646 [REDACTED] TOWNVILLE SC [REDACTED]		Home Num	
Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.			
Signature of Owner _____		Date <u>7</u> / <u>1</u> / <u>2000</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) <small>(Located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year
2GCEK19T1X1171230	CHEVROLET TRUCK	1500	1999
Purchase Date	Dealer's Name	Engine Size (CID/CCL)	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No Cylinders _____	
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Drive Train	Vehicle Type
		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____
			<input type="checkbox"/> Sport Ut <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____
			<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Other _____
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 06420000	Part Name(s) FUEL THROTTLE LINKAGES:ACCELERATOR:RIGID	Location	Failed Part(s)
		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failures 0	Date(s) of Failure(s) <u>08 JUL 2000</u>	Failed Part(s) Available?	NHTSA Previously Contacted?
	Mileage at Failure(s) <u>21000</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vehicle Speed at Failure(s) <u>0</u>		
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalities
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
		Estimated Property Damage	Reported to Police
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER STATES THAT THE ACCELERATOR PEDAL HANGS UP AND YOU HAVE JAMP ON THE ACCELERATOR FOR VEHICLE TO MOVE, YOU DON'T KNOW IF ITS GOING TO TAKE OFF SUDDENLY OR TAKE OFF SLOW CONSUMER FEELS ITS A SAFETY HAZARD.			
CONTROL CHECKS FILL IN			
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. 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.			

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4233 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 335 Date Rec'd: 00 AUG 16 AM 11:57 10-JUL-2000 OFFICE EFFECTS INVESTIGATION</p>	
<p>OWNER INFORMATION (Type or Print)</p>				<p>Insurance No. 865125</p>	
<p>J. 619646</p>		<p>TOWNVILLE SC 29689</p>		<p>Work Number _____ Home Number _____</p>	
<p>Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.</p>					
<p>Signature of Owner _____</p>				<p>Date 8/4/00</p>	
<p>VEHICLE INFORMATION</p>					
<p>Vehicle Ident. No. (VIN) 2GCEK19T1X1171230</p>		<p>Vehicle Make CHEVROLET TRU</p>		<p>Vehicle Model 1500</p>	
<p>Purchase Date 12-22-98</p>		<p>Dealer's Name DICK BROOK Chevy</p>		<p>Engine Size (CID/GCIL) _____ No. Cylinders 8</p>	
<p><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</p>		<p>City ANDERSON State SC Zip Code 29623</p>		<p><input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>		<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input checked="" type="checkbox"/> Passengerside Airbag</p>	
<p>Course Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-wheel</p>		<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Utl Truck <input checked="" type="checkbox"/> Motorcycle</p>	
<p>Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other</p>		<p>FAILED COMPONENT(S)/PART(S) INFORMATION</p>			
<p>Component 88418090</p>		<p>Part Name(s) FUEL-THROTTLE LINKAGES AND CONTROL PEDAL</p>		<p>Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear</p>	
<p>Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement</p>		<p>No. of Failures 0</p>		<p>Date(s) of Failure(s) 08-JUL-2000 Mileage at Failure(s) 21,000 Vehicle Speed at Failure(s) 0</p>	
<p>Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)</p>					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>Number of Persons Injured 0</p>	
<p>Number of Fatalities 0</p>		<p>Estimated Property Damage</p>		<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)</p>					
<p>ACCELERATOR PEDAL HANGED UP, AND CONSUMER HAD TO JUMP ON THE ACCELERATOR FOR VEHICLE TO MOVE. DID NOT KNOW IF IT WAS GOING TO TAKE OFF SUDDENLY OR TAKE OFF SLOWLY. CONSUMER FELT IT WAS A SAFETY HAZARD. *AK Bulletin # 00-06-04 Bart McKellan said there is nothing (at Brook) called Chevy 800 to get something + no results, but I have recall notice. I purchased new in PA, but have moved to S.C.</p>					
<p>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. 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.</p>					

 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>Auto Safety Hotline</p> <h2 style="margin: 0;">Vehicle Owner's Questionnaire</h2> <p>NATIONWIDE 1-800-424-9393 DC METRO AREA (202) 366-0123 INTERNET: http://www.nhtsa.dot.gov</p>	<p>FOR AGENCY USE ONLY 1367</p> <p>Date Received 11-JUN-2002</p> <p>Reference No. 8011493</p>
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Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date _____

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) <small>(located at bottom of windshield on driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
PLEASE FILL IN	CHEVROLET TRUCK	SILVERADO	1999			
Purchase Date <input checked="" type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injected		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 08410009	Part Name(s) FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure	Dates of Failure(s) Mileage at Failure(s) _____ 20 Vehicle Speed at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION					
<small>(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)</small>					
Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalite	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No


NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DUE TO ACCELERATOR PAD STICKING, UNABLE TO TAKE VEHICLE OUT OF CRUISE CONTROL.*AK

(CONTINUE ON BACK IF NEEDED)

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 <p>U.S. Department of Transportation National Highway Traffic Safety Administration</p>	<p>DOT Auto Safety Hotline</p> <h2>Vehicle Owner's Questionnaire (VOQ)</h2> <p>NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 1367</p> <p>Date Received: <u>11 JUN 2002 2:22</u></p> <p>Office: <u>DEFECTS INVESTIGATION</u></p>	
	<p>OWNER INFORMATION (Type or Print)</p> <p>MIKE _____ 758401</p> <p>LA JUNTA CO 81050</p>		<p>Reference No. <u>8011493</u></p> <p>Work Number _____</p> <p>Home Number _____</p>	

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.
 Signature of Owner _____ Date 7/23/02

VEHICLE INFORMATION					
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) <u>1GCEK14Y8K23022</u> PLEASE FILL IN	Vehicle Make <u>CHEVROLET TRUCK</u>	Vehicle Model <u>SILVERADO</u>	Vehicle Year <u>1999</u>	Current Odometer Reading <u>46575</u>	
Purchase Date <u>2-99</u>	Dealer's Name <u>Ti. Co. GM</u>		Engine Size (CID/CC) <u>4.8L</u>	<input type="checkbox"/> Turbo Diesel Gas Fuel Injector	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City <u>La Junta</u> State <u>CO</u> Zip Code <u>81050</u>		No. Cylinders <u>8</u>	<input checked="" type="checkbox"/> Fuel Injector	
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"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input checked="" type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <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"/> Other <input type="checkbox"/> Sport Utl <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Motorcycle
Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input checked="" type="checkbox"/> Pick Up <input type="checkbox"/> Truck					

FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>08-11000</u>	Part Name(s) <u>FUEL:THROTTLE LINKAGES AND CONTROL:PEDAL</u>	Location <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part(s) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures	Date(s) of Failure(s) Mileage at Failure(s) <u>20</u> Vehicle Speed at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION 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 type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

DUE TO ACCELERATOR PAD STICKING, UNABLE TO TAKE VEHICLE OUT OF CRUISE CONTROL.*AK

CONTINUE ON BACK IF NEEDED

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GENERAL MOTORS NORTH AMERICA
Structure & Safety Integration

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NVS-215

2002 NOV 19 A 9 43

OFFICE OF
DEFECTS INVESTIGATION

October 30, 2002

Jeffrey Quandt, Chief
Vehicle Controls Division
Office of Defects Investigation
NHTSA Safety Assurance
400 Seventh Street, S.W.
Washington, D.C. 20590

GM-616A

NVS-213sy
EA02-015

Dear Mr. Quandt:

This letter is a follow-up to our conversation during the NHTSA-GM quarterly meeting on October 29, 2002, regarding the due date of the subject investigation.

Due to the high number of Information Requests that GM has recently received, we agreed the due date for responding to this information request be changed from November 25, 2002 to December 9, 2002.

Sincerely,

Keith S. Schultz
Engineering Group Manager
Product Investigations

c: Paul Blust



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