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

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100147

Date Received: 29-AUG-2003 (2003 NOV 24 PM 2:23)
Repository ☐
Reference No.: 10037926

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: NEW BALTIMORE | State: MI | Zip Code: [redacted]
Daytime Telephone Number: [redacted]
Evening Telephone Number:
E-mail Address: [redacted]

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 or address to the vehicle manufacturer.
Signature of Owner _____ Date __/__/__

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GKDT13W4R2511571	GMC	JIMMY	1994

Date Purchased	Dealer's Name and Telephone Number			Engine: No. Cylinders	Fuel Type:
Original Owner ☐	Dealer's City: Clinton Twp	State: MI	Zip Code: 48036	6	

Jim Crowley - GMC Truck

Transmission Type		Powertrain	Vehicle Component Code
	☒ Antilock Brakes ☒ Cruise Control		036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
12-JUL-2003	103,000	45mph

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example: P215/65R15)
DOT No. (Example: DOTMALSABC035)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injuries.)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	Y Y

Narrative Description of Incident(s), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHEN APPLYING THE ANTI LOCK BRAKES THEY WILL LOCK UP, CAUSING THE VEHICLE TO HAVE EXTENDED STOPPING DISTANCE. DEALER NOTIFIED. *AK work

- Recall done in 2000
- ABS sensor replaced @ 102,129 miles after brake failure - reported to NHTSA at that time

See attachments

contacted GM - GM looked @ vehicle said failure came from poor brake state. We talked w/ Tom Goodman @ DOT

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY

Authority: 1949 PA 300, Sec. 257.622
Compliance: Required
Penalty: $100 and/or 90 days

Do Not Use

Incident # [redacted]

ORI: [redacted]

STATE OF MICHIGAN
Traffic Crash Report

File Class: 93001

Department Name: Chesterfield twp P.D.

Incident Disposition: Open / Closed ● — Reviewer: MW

Crash Date Month	Day	Year	Crash Time Military
06	18	2003	1224

No. of Units: ● 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9

Crash Type: ● Single Motor Vehicle ○ Head On ○ Head On-Left Turn ○ Angle ○ Rear End ○ Rear End-Left Turn ○ Rear End-Right Turn ○ Sideswipe-Same ○ Sideswipe-Opposite ○ Other/Unknown

Special Circumstances: ● None ○ Deer ○ School Bus ○ Hit and Run ○ Fleeing Police

Special Study: ○ Local ○ State

Weather (Mark Only One): ● Clear ○ Cloudy ○ Fog/Smoke ○ Rain ○ Snow/Blowing Snow ○ Severe Wind ○ Sleet/Hail ○ Other/Unknown

Light (Mark Only One): ● Daylight ○ Dawn ○ Dusk ○ Dark-Lighted ○ Dark-Unlighted ○ Other/Unknown

Special Checks: ○ Fatal (Report All) ○ Corrected Copy ○ Replace (Entire Report) ○ Delete (Entire Report) ○ Non-Traffic Area ○ ORV Snowmobile

County: 50 — City/Twp: 03

Traffic Control: ○ Signal ○ Stop Sign ○ Yield Sign ● None of These

Construction Zone (if applicable) (Mark One From Each Group): Type: ○ Const./Maint. ○ Utility — Lane Closed: ○ Yes ○ No — Activity: ○ On Road ○ Off Road ○ None

Road Name: 23 mile Rd

Distance: 150 ● FT ○ MI — ○ North ● East ○ South ○ West — ○ Beginning of Ramp ○ End of Ramp

Intersecting Road: Baker

Trafficway ● ② ③ ④ — Access Control ● ② ③

Relation to Roadway (Location of First Impact): ● On Road ○ Median ○ Shoulder ○ Outside of Shoulder/Curb ○ Gore ○ Other/Unknown

Area

Road Condition (Mark Only One): ● Dry ○ Wet ○ Icy ○ Snowy ○ Muddy ○ Slushy ○ Debris ○ Other/Unknown

Total Lanes: ● 5

Speed Limit — Posted: ● Yes ○ No

Unit Number: ● 1 — State: mi — Driver License Number: [redacted]

Date of Birth: Month 02, Day 18, Year 1961 — License Type: ● O — Sex: ● M

First Name / Middle / Last: [redacted]

Street Address: [redacted] — Phone Number

Position: 01 — Restraint: 04 — Ambulance/Hospital: NA

Unit Type: ● MV ○ P ○ B ○ E (train)

City: New Baltimore — State: Mi — Zip: [redacted]

Driver Condition ● ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ●

Injury: ○ K ○ A ○ B ○ C ● O — Ejected ○ Yes — Trapped ○ Yes — Citation Issued: ○ Hazardous ○ Other

Airbag Deployed: ○ Yes ○ No ● Not Equipped

Interlock ● Yes ○ No — ○ Refused ○ Not offered

Alcohol ○ Yes ● No — Test Type: ○ Field ○ PBT ○ Breath ○ Blood ○ Urine — Test Results

Drugs ○ Yes ● No — Test Type: ○ Blood ○ Urine — Test Results

Hazard Action — Total Occup

Vehicle Registration: [redacted] — State: Mi — VIN: 1GKDT13W4E2511571 — Vehicle Description (year, make, color): 1994 G.M.C. Sta / Red.

Insurance: AAA — Towed To/By: Bellows Residence

Vehicle Direction: ○ North ○ East ○ South ● West — Special Vehicles

Location of Greatest Damage: ⓪ ① ● ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Vehicle Type: ○ PA ○ VA ○ PU ● ST ○ CY ○ MO ○ OC ○ SM ○ OR ○ Other ○ Truck/Bus

Vehicle Use ● ② ③ ... — Vehicle Defect — Private Trailer Type

First Impact: 2 — Extent of Vehicle Damage: ⓪ ① ② ● ④ ⑤ ⑥ ⑦ — Driveable: ○ Yes ● No

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Passengers

First Name / Middle / Last — Date of Birth (Month / Day / Year) — Sex ○ M ○ F — Ejected ○ Yes — Trapped ○ Yes
Street Address — Phone Number — Injury ○ K ○ A ○ B ○ C ○ O
City — State — Zip — Pos. — Rest. — Ambulance/Hospital — Airbag Deployed ○ Yes ○ No ○ Not Equipped

First Name / Middle / Last — Date of Birth (Month / Day / Year) — Sex ○ M ○ F — Ejected ○ Yes — Trapped ○ Yes
Street Address — Phone Number — Injury ○ K ○ A ○ B ○ C ○ O
City — State — Zip — Pos. — Rest. — Ambulance/Hospital — Airbag Deployed ○ Yes ○ No ○ Not Equipped

○ Owner ○ Witness ○ Uninjured Passenger — Name — Address — Phone Number — Age — Pos. — Rest.

○ Owner ○ Witness ○ Uninjured Passenger — Name — Address — Phone Number — Age — Pos. — Rest.

Person Advised of Damage / Traffic Control — Date — Time — Name — Damaged Property — Public Y ○ N ○ — Owner & Phone

Do Not Write or Mark In This Area — UD-10 SERIAL NUMBER [redacted] — Serial Override Number

Unit Number: ○1 ○2 ○3 ○4 ○5 ○6 ○7 ○8 ○9

State	Driver License Number	Date of Birth (Month / Day / Year)	License Type	Sex	Hazard Action
			○O ○CY ○C ○F ○M ○R	○M ○F	

First Name | Middle | Last

Street Address | Phone Number

Unit Type: ○MV ○P ○B ○E (rain)

City | State | Zip

Position | Restraint | Ambulance/Hospital

Injury: ○K ○A ○B ○C ○O | Ejected ○Yes | Trapped ○Yes | Airbag Deployed ○Yes ○No ○Not Equipped | Citation Issued ○Hazardous ○Other

Driver Condition ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

Interlock ○Yes ○No | ○Refused ○Not offered

Alcohol ○Yes ○No | Test Type: ○Field ○PBT ○Breath ○Blood ○Urine | Test Results

Drugs ○Yes ○No | Test Type: ○Blood ○Urine | Test Results

Vehicle Registration | State | VIN | Vehicle Description (year, make, color)

Insurance | Towed To/By

Vehicle Direction ○North ○East ○South ○West | Special Vehicles ① ② ③ ④ ⑤ ⑥

Location of Greatest Damage ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫

Vehicle Type ○PA ○CY ○OR ○VA ○MO ○Other ○PU ○GC ○Truck/Bus ○ST ○SM

Vehicle Use ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪

Vehicle Defect ① ② ③ ④ ⑤ ⑥

Private Trailer Type ① ② ③ ④ ⑤ ⑥ ⑦

First Impact | Extent of Vehicle Damage ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ | Driveable ○Yes ○No

Total Occup.

Forward Original To: Michigan State Police, Traffic Crash Reporting Section, 7150 Harris Drive, Lansing, MI 48913

Do Not Write or Mark On This Side of The Line

Passengers

First Name | Middle | Last | Date of Birth (Month / Day / Year) | Sex ○M ○F | Ejected ○Yes | Trapped ○Yes

Street Address | Phone Number | Injury ○K ○B ○O ○A ○C

City | State | Zip | Pos. | Rest. | Ambulance/Hospital | Airbag Deployed ○Yes ○No ○Not Equipped

First Name | Middle | Last | Date of Birth (Month / Day / Year) | Sex ○M ○F | Ejected ○Yes | Trapped ○Yes

Street Address | Phone Number | Injury ○K ○B ○O ○A ○C

City | State | Zip | Pos. | Rest. | Ambulance/Hospital | Airbag Deployed ○Yes ○No ○Not Equipped

○Owner ○Witness ○Uninjured Passenger | Name | Address | Phone Number | Age | Pos. | Rest.

○Owner ○Witness ○Uninjured Passenger | Name | Address | Phone Number | Age | Pos. | Rest.

Unit Reported on Front

Action Prior | Sequence of Events: First | Second | Third | Fourth | Most Harmful

Unit Reported Above

Action Prior | Sequence of Events: First | Second | Third | Fourth | Most Harmful

Truck / Bus / Commercial

Unit No. ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

Carrier Name

Address

City | State | Zip

Carrier Source ○Papers ○Log Book ○Vehicle ○Driver | GVWR

ICCMC | Driver's CDL Type ○A ○B ○C ○H ○N ○P ○T ○X ○None | CDL Restrictions ○28 ○29 ○30 ○35 ○36 | CDL Exempt ○Farm ○Other

USDOT

MPSC | Medical Card ○Y ○N

○Interstate ○Intra (MI Only)

Vehicle Type ○AA ○AH ○AN ○AP ○AT ○AX ○AY ○AZ ○AL ○BB ○BH ○BN ○BP ○BX ○CH ○CP ○CX ○Other

Type & Action Per Unit: First | Second | Third | Fourth

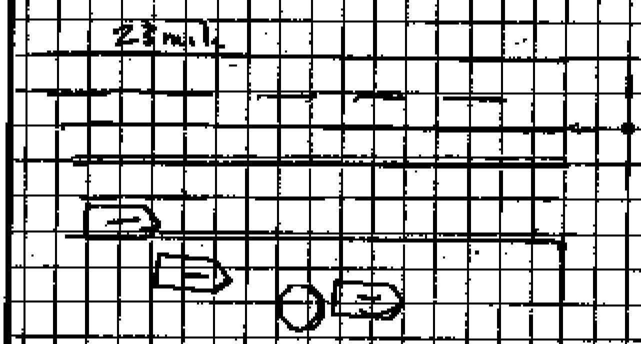
Hazardous Material: Placard ○Y ○N | Cargo Spill ○Y ○N | ID # | Class #

Cargo Body Type ① ② ③ ④ ⑤ ⑥ ⑦ ⑧

Crash Diagram and Remarks

Driver stat[ed] he has had problems w/ anti brakes and just got vehicle back from repair.

23 mile



Vehicle # 1 ran of roadway Brake to avoid hitting another vehicle which went into ditch and hit a man hole.

Driver # 1 state Anti-brakes went out. Driver could not stop. No Skid marks on roadway.

UD-10 Serial Number	Investigated at Scene	Reported Date/Time	Photos By	Investigator Name(s) & Badge # (Print Only)
[redacted]	● Ⓝ	08-09-03 / 13:34		R. Pollack #35

Do Not Write or Mark Below This Line

Do Not Write or Mark Below This Line

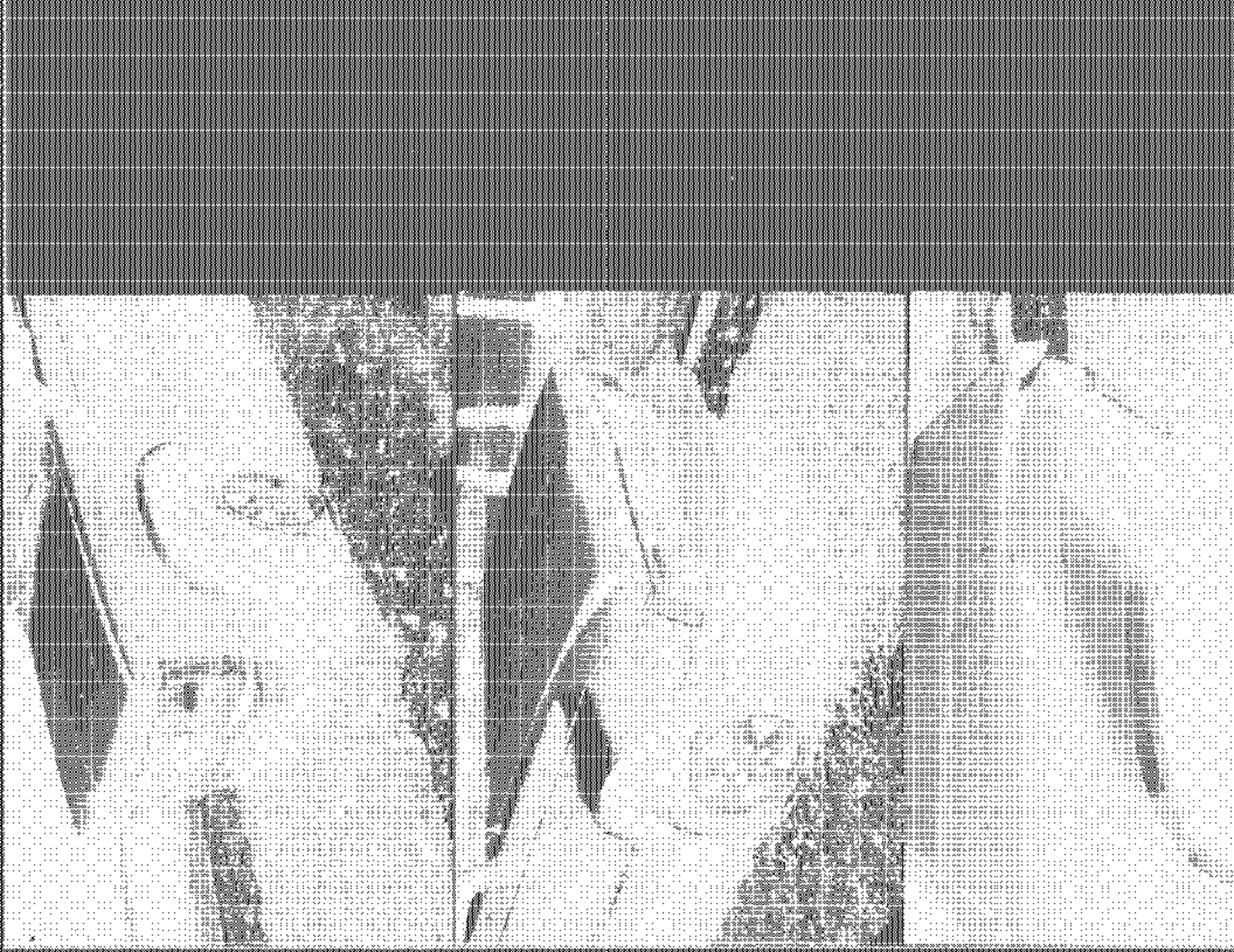
September 16, 2003

Subject: Anti-lock Brake System, 1994 GMC Jimmy

On August 9, 2003, I experienced a complete failure of the braking system on our 1994 GMC Jimmy (VIN # 1GKDT13W4R2511571) resulting in an accident. While driving at approximately 40 MPH, I put my foot on the brake pedal and the pedal was extremely hard. When the pedal was pressed there was no reduction in the speed of the vehicle and I swerved off the pavement to avoid hitting another car. This was not the first instance that the brakes had failed on this vehicle. This vehicle was part of the 1999 recall due to defects in the anti lock brake system. We had the vehicle in for service in 2000 as part of the recall. In 2002 we experienced the hard brake pedal and loss of braking ability for which we took it to the dealer. We paid to have the ABS sensor replaced. At that time, we also placed a call to the National Highway Traffic Safety Administration (NHTSA) to inform them of the fact that there were serious problems with the ABS system on this vehicle. The most recent loss of braking ability occurred less than a year and approximately 6500 miles after our repair last year! We have added our most recent experience as a complaint to the other consumer complaints on the NHTSA website for this vehicle's brake system. The National Highway Traffic Safety Board has begun their own investigation into this matter since they acknowledge that there are "sister complaints" in their database. That is there are other people that reported to the consumer complaint database that they had the recall work done on their vehicles and then had brake failure .

[redacted]

New Baltimore, MI [redacted]



THE ATTACHMENTS TO THIS DOCUMENT HAVE BEEN REMOVED TO PROTECT UNWARRANTED INVASION OF PERSONAL PRIVACY PURSUANT TO EXEMPTION 6 OF THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C. 552(b)(6).