



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 100161

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OWNER INFORMATION (Type or Print)

Name
Address
City BLOOMINGDALE State IL Zip Code

Daytime Telephone Number E-mail Address

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner _____ Date 1/1/03

VEHICLE INFORMATION

17 Digit Vehicle Identification Number Located at bottom of windshield on driver's side 1G8DT13W1T2562615		Make GMC	Model JIMMY	Model Year 1996
Date Purchased 2000	Dealer's Name and Telephone Number WICKSTROM CHEV. 630 529-7070		Engine: No. Cylinders 6	Fuel Type: GAS.
Original Owner <input type="checkbox"/>	Dealer's City	State	Zip Code	
Transmission Type AUTOMATIC	<input type="checkbox"/> Anti-lock Brakes <input type="checkbox"/> Cruise Control	Powertrain	Vehicle Component Code 021520 SUSPENSION:FRONT:CONTROL ARM:UPPER BALL JOINT	
Multiple Failure: 1				

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage 80000	Failure Speed OVER 30 MPH	Failure Location FRONT END	Failure Description SHAKE'S
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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: DOTM49ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> 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 injury(ies).)

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 Deaths	Reported to Police N
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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).

FRONT END SHOOK WHILE DRIVING. DEALER DETERMINED THAT FRONT BALLS JOINTS WERE WORN OUT AND HAD TO BE REPLACED. *AK
EVERY TIME I BROUGHT CAR IN FOR OIL CHANGE
(LAST 5 TIMES) THEY STATED I NEEDED FRONT BALL JOINT'S
DEALER SAID THERE WAS A RECALL BUT
BASED ON MY VIN NUMBER THEY WONT FIX IT

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