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 100148	
Date Received 2005 SEP -6 AM 5:50 25-JUL-2005	Repository ☐ Reference No. 10129878

OWNER INFORMATION (Type or Print)

Name [redacted]
Address [redacted]
City SODUS POINT State NY Zip Code [redacted]

Daytime Telephone Number [redacted]
Evening Telephone Number
E-mail Address N/A

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 [redacted] Date 8/26/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GKDT13WX[redacted]	GMC	JIMMY	1994

Date Purchased	Dealer's Name and Telephone Number	Engine:	Fuel Type:
15-OCT-04	M&B AUTO	No: Cylinders 6	Gas

Original Owner	Dealer's City	State	Zip Code
☐ N/A	GENEVA, NEW YORK	NY	

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	036000 SERVICE BRAKES, HYDRAULIC:ANTILOCK Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-JUN-2005	92000	55	? ABS SYSTEM

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: DOTMAL9ABC036) ☐ 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 provide details of the incident, Fire(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No	N/A	N/A	N

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).

DT: THE CONSUMER STATED THE ABS DID N'T ACTIVATE WHEN IT WAS SUPPOSE TO. THE DEALER COULD NOT FIND A P ROBLEM. *JB

WHEN DRIVING JIMMY ABS LIGHT WOULD NOT INDICATE TROUBLE, WHEN APPLYING BRAKES NOTHING WOULD HAPPEN. VEHICLE WOULD FAIL TO SLOW OR STOP. THEN WHEN BRAKES RELEASED AND VEHICLE WOULD CONTINUE THE BRAKES WOULD FUNCTION PROPERLY. DURING QUICK STOPPING, BREAKS FAILED. ABS LIGHT WOULD GO ON THEN OFF, EVEN WHEN BRAKES WORKED.

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