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: 07-DEC-2005 (2006 JAN -4 PM 2:53)
Repository ☐
Reference No.: 10144664

OWNER INFORMATION (Type or Print)

Name: [redacted]
Address: [redacted]
City: ROSEVILLE | 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 a [illegible] DOT provide your name or address to the vehicle manufacturer.
Signature of Owner: [redacted] Date: 12/14/05

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1GKDT13W[redacted]	GMC	JIMMY	1998

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
3-11-2002	John Bowman 248-625-5071			No. Cylinders 6	Gas
Original Owner ☐	Dealer's City: Clarkston	State: MI	Zip Code		

Transmission Type			Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	Powertrain: 4 WHEEL DRIVE	137000 VISIBILITY:REAR WINDOW WIPER/WASHER Multiple Failure: 2

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
01-DEC-2004			

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 describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			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 CONTACT STATED THE REAR WINDSHIELD WIPERS HAVE NOT BEEN WORKING FOR APPROXIMATELY ONE YEAR. THE FRONT WINDSHIELD WIPERS WORKED ONLY WHEN THE WEATHER WAS COLD, BUT STILL DID NOT WORK PROPERLY. THE DELAY RAN AS THOUGH IT WAS ON NORMAL. NO REPAIRS HAVE BEEN MADE TO THE WINDSHIELD THE WIPERS . ALSO, THE REAR BRAKE LIGHTS HAVE NOT WORKED FOR APPROXIMATELY ONE MONTH. SHE HAS REPLACED THE BULBS, FUSE, AND CHECKED THE ELECTRONIC SENSOR. THE PROBLEM STILL EXISTED. *AK

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