



**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**

Data Received  25-JUL-2000	Od_or _____
	rt_dt _____
	od_rt _____
	up_ltr _____
Reference No.  725966	

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>(Listed at front of windshield or driver's side)</small> <b>1GKCS13W2T2532280</b>	Vehicle Make <b>GMC</b>	Vehicle Model <b>JIMMY</b>	Vehicle Year <b>1996</b>	Current Odometer Reading
--	----------------------------	-------------------------------	-----------------------------	--------------------------

Purchase Date <b>01-SEP-1999</b>	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<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"/> 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 checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Ult 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 checked="" 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 03250000 03220000	Part Name(s) <b>BRAKES:HYDRAULIC:ANTI-SKID SYSTEM BRAKES:HYDRAULIC:POWER ASSIST:VACUUM SYSTEM</b>	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 Failures <b>10</b>	Date(s) of Failure(s) <u>01-NOV-1999</u> Mileage at Failure(s) <u>43000</u> Vehicle Speed at Failure(s) <u>30</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	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 BRAKING THE BRAKES MAKE A NOISE AND HAVE LOST VACUUM POWER AND GONE STRAIGHT TO THE FLOOR NUMEROUS TIMES. THE FIRST TIME WAS WHEN ATTEMPTING TO BRAKE WHEN GOING DOWN AN INCLINE TO TURN INTO A PARKING LOT. A SLIGHT BUMP WHEN BRAKING AND THE BRAKE PEDAL WENT TO THE FLOOR. A FEW SECONDS LATER, I WAS ABLE TO BRAKE AGAIN. THIS HAS HAPPENED MORE OFTEN ON WET OR SLIPPERY SURFACES. ON 07/21/00 I WAS IN A PARKING LOT WHEN ANOTHER CAR WAS PULLING IN FRONT OF ME. THE SURFACE WAS STILL WET AND SLIPPERY AND WHEN BRAKING, THE BRAKE PEDAL MADE A NOISE AND THEN ALL BRAKING ABILITY IS LOST, THE BRAKE PEDAL GOES TO THE FLOOR. LUCKILY THERE WAS NO ACCIDENT. THIS PROBLEM HAS HAPPENED TO ME NUMEROUS TIMES. I BROUGHT MY VEHICLE IN FOR THE ABS RECALL THE END OF 199**

CONTINUED ON BACK (REVERSE)

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.