Form Approved: OMB No. 2127-0042

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

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: http://www.nhtsa.dot.gov

FOR AGENCY USE ONLY 258	
Date Received 27-OCT-2001	Od_or ____ ____ rt_dt ____ ____ od_rt ____ ____ np_ltr ____ ____
	Reference No. 753776

[redacted]

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.) (Locate at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GDEL19W0TB502781	GMC	SAFARI	1996	

Purchase Dat		Engine Size	
01-NOV-1996 ☒ New ☐ Used	Dealer's Name_____ City_____ State_____ Zip Code_____	(CID/CC/L 4.3 No Cylinders _____	☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Motorbelt ☐ Driverside Airbag ☐ 2-Point Bel ☐ Passengerside Airbag	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other_____	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
03250000	BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
1	26-OCT-2001 Mileage at Failure(s 68311 Vehicle Speed at Failure(s) 10	☐ Yes ☐ No	☐ Yes ☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☐ No	☐ Yes ☒ No	2	0		☒ Yes ☐ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

MY VEHICLE WAS MOVING ABOUT 10 M.P.H. IN PREPARATION TO STOP BEHIND SEVERAL VEHICLES AT A RED LIGHT. I APPLIED MY BRAKES IN AN ATTEMPT TO COME TO A COMPLETE STOP; HOWEVER, THE BRAKES FAILED TO ENGAGE. I THEN PUT FULL PRESSURE ON THE BRAKE PEDAL. THE PEDAL WENT DOWN ALMOST TO THE FLOOR, BUT THE BRAKES FAILED TO STOP THE VEHICLE. AS A RESULT OF THIS BRAKE FAILURE, MY VEHICLE STRUCK THE VEHICLE IN FRONT OF IT WHICH IN TURN STRUCK A THIRD VEHICLE. MY VEHICLE WAS TOWED TO A MECHANIC WHO WAS ABLE TO DUPLICATE THE FAILURE. AT THIS TIME HOWEVER, HE IS UNABLE TO DETERMINE WHAT IS CAUSING THE FAILURE.*AK

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