

784985

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 1/18/01 8:19AM
Subject: Car Talk VOQ submission

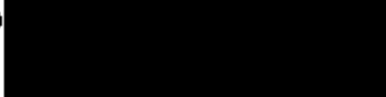
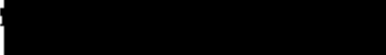
* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Wednesday, January 17th 2001 at 10:50:27 PM

VEHICLE OWNER'S QUESTIONNAIRE

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OWNER INFORMATION

NAME: 
ADDRESS: 
TELEPHONE: 

NHTSA authorized to send a copy of this report to the manufacturer: Yes

VEHICLE INFORMATION

VIN: 1GKDT13W9T2571725
MAKE: GMC
MODEL: JIMMY
YEAR: 1996

ODOMETER: 48,000
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: Russ Darrow Chrysler Plymouth
ADDRESS: Appleton, WI 54912

ENGINE SIZE: 4.3L
CYLINDERS: 6

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE: Gas
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: 4 Wheel

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: No
3-POINT BELT: Yes
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: 4-Door

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: ABS,Ball Joints/Left,L&R Tie
Rods, Steering Box, several 4
wheel alignments,New tires, New
shocks, \$\$\$\$\$

PART NAME(S):

LOCATION: Right Front

NUMBER OF FAILURES: Still not fixed

DATE(S) OF FAILURES: 01/20/00, 03/20/00, 06/10/00, 07/20/00, 08/01/00, 09/15/00, 10/15/00, 11/15/00,
12/15/00, 01/02/01, 01/15/01

MILEAGE AT FAILURE(S): 38K,40K, 42k, 44K, 46K, 48K

SPEED AT FAILURE(S): gets worse with speed

MANUFATURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: No
FIRE: No

NUMBER OF PERSONS INJURED: 0
NUMBER OF FATALITIES: 0
ESTIMATED PROPERTY DAMAGE: \$0

DRIVER AIRBAG DEPLOYED: N/A
PASSENGER AIRBAG DEPLOYED: N/A

REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:

TIRE SIZE:

ADDITIONAL COMMENTS

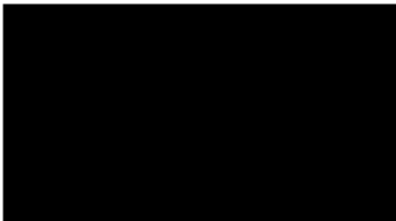
I have been to the dealer that sold me the vehicle several times (Russ Darrow) and an alignment was done but not fixed. They told me there is nothing wrong, and they would not do anything and that included taking it for a TEST DRIVE!!!! I then took it to Fox Vally Truck (Appleton WI, 54912, They also said that they couldn't see anything wrong. Went back to Russ Darrow and took my problem to the GM and he went for a drive with me and said it felt fine. I then took it to a Chevy Dealer in Eagle River WI, I was on vacation and towing a Camper and the vehicle wanders everywhere on the road. Went to Van Zoeland Auto (Neenah WI) They replaced Ball joints. Still not fixed. Told me they could do nothing else. Went to Matt's Repair, (could not fix but found bad shocks (Replaced tires and Shocks). Then went to Claytons Auto (Neenah WI) They have replaced Steering Box, Tie Rods, Did alignments and made many adjustments including Mis aligned Idlers. Claytons know that there is a problem and are trying very dilligently to locate and repair

Please HELP. I am now afraid for my safety and that of my passengers and Family. I have an extended warranty (GOLD) that is good for 48,000 miles or 4 years. They cover some but my deductable is \$100.00 and they are continually Prorating for milage and not covering essentials for the repair work that is being done such as Alignments. The alignments have been done at least 6 times now and there will be more.

I have printed out Reports from other GMC Jimmy Owners (1996) and have found many incidents of upper, Lower left and right ball joints failing and my vehicle is still not fixed.

Please HELP and try and get this problem fixed before people start dying. The older the vehicles (or miles) the more occurrences you are going to see. Please help prevent this BEFORE it happens!!!!

Thank You for your time and patience,



END OF FORM



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 254

Date Received

18-JAN-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

784985

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>(Location at bottom of and/or above windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GKDT13W9T2571725	GMC	JIMMY	1996			
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) 6 CYL	No Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 02000000	Part Name(s) SUSPENSION	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 11	Date(s) of Failure(s) 20-JAN-2000 38000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Polic <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE VEHICLE WANDERS WHILE DRIVING, THE DEALER HAS REPLACED BALL JOINTS, TIE RODS, STEERING BOX, TIRES AND SHOCKS BUT THE PROBLEMS STILL EXIST, DEALER HAS ALSO PERFORMED 6 ALIGNMENTS. NLM

COPIES OF THIS FORM ARE:

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.



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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Locate at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GKDT13W9T2571725	GMC	JIMMY	1996			
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) 6 CYL	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No of Failure 1	Date(s) of Failure(s) _____ Mileage at Failure(s) _____	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THE ABS SYSTEM FAILED. NLM

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