



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 241

Date Received

04-JAN-2002

Od_or _____
rt_dt _____
pd_rt _____
rp_lr _____

Reference No.

8001525

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 or driver's side)		Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GVT13WXW2552699		GMC	JIMMY	1998	
Purchase Date	Dealer's Name _____		Engine Size (CID/CC/L _____)	☐ Turbo ☐ Diesel ☐ Gas ☐ Fuel Injection	
☐ New ☒ Used	City _____ State _____ Zip Code _____		No Cylinders _____		
Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☐ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other _____ ☐ Sport Utl ☐ Truck ☐ Motorcycle
					Body Style
					☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 09117000	Part Name(s) LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part's ☐ Original ☐ Replacement
No of Failure	Dates of Failure(s) 04-JAN-2002 Mileage at Failure(s) 45000 Vehicle Speed at Failure(s) _____	Failed Part(s) ☐ Yes ☐ No	NHTSA Previously ☐ 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 ☐ Yes ☐ No	Fire ☐ Yes ☐ No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police ☐ Yes ☐ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

UNABLE TO OPERATE HEADLIGHTS AND TURN SIGNALS DUE TO A DEFECTIVE MULTI-FUNCTION SWITCH.
PLEASE GIVE ANY FURTHER DETAILS.*AK

COPIES OF REPORTS ARE KEPT

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.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NAT ONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 241 Date Received <u>FEB 25 2002</u> 1-JAN-2002 Defect # <u>732075</u> Reference No. <u>8001525</u> Work Order # <u> </u> Home # <u> </u>	
OWNER INFORMATION (Type or Print) [Redacted] 732075		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer. ☒ YES ☐ NO Signature of Owner <u>[Redacted]</u> Date <u>1/22/02</u>	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at front windshield on driver's side) 1GVT13WXW2552699		Vehicle Make GMC Vehicle Model JIMMY	
Purchase Date <u> </u> ☐ New ☒ Used		Dealer's Name <u>John Bowman</u> City <u>Clarkston</u> State <u>mi</u> Zip Code <u>48346</u>	
Transmission Type ☐ Manual ☒ Automatic Antilock Brakes ☒ Yes ☐ No		Restraint System ☒ 3-Point Belt ☐ Motorbelt ☒ Driverside Airbag ☐ 2-Point Belt ☒ Passengerside Airbag	
Cruise Control ☒ Yes ☐ No		Drive Train ☒ Front ☐ Rear ☐ All Wheel	
Engine Size <u>6</u> ICID/CC/L <u> </u> No. Cylinders <u> </u>		Turbo ☐ Diesel ☐ Gas ☐ Fuel Injectio ☐	
Vehicle Year 1998		Current Odometer Reading <u>50,000</u>	
Vehicle Type ☒ Car ☐ Van ☐ Minivan ☐ Other <u> </u>		Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up ☒ Truck	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component 09117000	Part Name(s) LIGHTING:SWITCH:MULTI-FUNCTION SWITCH:TURN SIGNAL	Location ☐ Left ☒ Right ☐ Front ☐ Rear	Failed Part(s) ☒ Original ☐ Replacement
No. of Failures <u> </u>	Date(s) of Failure(s) <u>04-JAN-2002</u> Mileage at Failure(s) <u>45000</u> Vehicle Speed at Failure(s) <u> </u>	Failed Part(s) ☒ Yes ☐ No	NHTSA Previously ☐ Yes ☒ No
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(s) on the back of this form)			
Crash ☐ Yes ☒ No	Fire ☐ Yes ☒ No	Number of Persons Injured <u> </u>	Number of Fatalities <u> </u>
Estimated Property Damage <u> </u>		Reported to Police ☐ Yes ☐ No	
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES) UNABLE TO OPERATE HEADLIGHTS AND TURN SIGNALS DUE TO A DEFECTIVE MULTI-FUNCTION SWITCH. PLEASE GIVE ANY FURTHER DETAILS.*AK			

CONTINUE ON BACK IF NEEDED

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**THE FOLLOWING PAGES ARE WITHHELD TO
PROTECT UNWARRANTED INVASION OF
PERSONAL PRIVACY PURSUANT TO
EXEMPTION 6 OF THE FREEDOM OF
INFORMATION ACT, 5 U.S.C. 552(b)(6)**

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