



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 335

Data Received

06-DEC-1999

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

853732

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 top of windshield or driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKDT13W8T2556245	GMC	JIMMY	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CC/L) _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

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"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbell <input type="checkbox"/> 2-Point Belt	Cruise Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____ <input type="checkbox"/> Sport Ult. Truck <input type="checkbox"/> Motorcycle	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 _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03250000	Part Name(s) BRAKES:HYDRAULIC:ANTI-SKID SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Front <input type="checkbox"/> Right <input type="checkbox"/> Rear	Failed Part(s) <input type="checkbox"/> Original <input type="checkbox"/> Replacement
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No. of Failures 0	Date(s) of Failure(s) 04-DEC-1999 Mileage at Failure(s) 01000 Vehicle Speed at Failure(s) 25	Failed Part(s) Available? <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	Estimated Property Damage	Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AND COMING TO STOP CONSUMER HAD TO USE EXCESSIVE FORCE TO STOP. WHILE COMING DOWN A HILL AT ABOUT 25 MPH AND COMING TO A STOP APPLIED THE BRAKES, AND CONSUMER FELT ABS WAS TRYING TO KICK IN, AND THEN PEDAL WENT STRAIGHT TO THE FLOOR. GMC SERVICE DEALER WAS SUPPOSE TO FIX ALL RECALLS THAT NEEDED TO BE DONE. DEALER TOLD CONSUMER THERE WERE NO RECALLS TO BE DONE. CONSUMER FEELS THAT THIS IS A SAFETY CONCERN. RECALL 99V193000. *AK

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.



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00 JAN 27 PM 10:08

06-DEC-1999

OFFICE

DEFECTS INVESTIGATION

Od_or
rt_dt
od_rt
up_fr

Reference No.

853732

OWNER INFORMATION (Type or Print)

[Redacted Owner Information]

Work Number

Home Number

Do you authorize NHTSA to contact the manufacturer of your vehicle? YES NO
In the absence of an authorized signature, please print your name and address to the vehicle manufacturer.

Signature of Owner

Date 1/15/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) **1GKDT13W8T2568245** Vehicle Make **GMC** Vehicle Model **JIMMY** Vehicle Year **1998** Current Odometer Reading

Purchase Date **5/1/99** Dealer's Name **GLADSTONE Dodge** Engine Size (CID/CC/L) **4.3 L** Turbo Diesel Gas Fuel Injection
 New Used City State Zip Code No Cylinders

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 4-Wheel Vehicle Type Car Sport Ut Van Truck Minivan Motorcycle Other Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

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

No of Failures **0** Date(s) of Failure(s) **04-DEC-1999** Mileage at Failure(s) **81000** Vehicle Speed at Failure(s) **25** Failed Part(s) Available? Yes No NHTSA Previously Contacted? 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 **0** Number of Fatalities **0** Estimated Property Damage Reported to Police Yes No

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

WHILE DRIVING AND COMING TO STOP CONSUMER HAD TO USE EXCESSIVE FORCE TO STOP. WHILE COMING DOWN A HILL AT ABOUT 25 MPH AND COMING TO A STOP APPLIED THE BRAKES, AND CONSUMER FELT ABS WAS TRYING TO KICK IN, AND THEN PEDAL WENT STRAIGHT TO THE FLOOR. GMC SERVICE DEALER WAS SUPPOSE TO FIX ALL RECALLS THAT NEEDED TO BE DONE. DEALER TOLD CONSUMER THERE WERE NO RECALLS TO BE DONE. CONSUMER FEELS THAT THIS IS A SAFETY CONCERN. RECALL 99V193000. *AK

CONTINUE ON BACK IF NEEDED

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