

U.S. Department
of TransportationNational Highway
Traffic Safety
Administration

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 241

Date Received

08-AUG-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

867248

 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 drivers side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKCT18W2R0502822	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 checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	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 _____	Sport Ult Truck Motorcycle <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	Date(s) of Failure(s) _____ 15-SEP-1999 Mileage at Failure(s) _____ 86000 Vehicle Speed at Failure(s) _____	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	Number of Fatalities	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)

VEHICLE WAS INVOLVED IN A ACCIDENT DUE TO FAULTY BRAKE PROBLEM. INTERMITTENTLY VEHICLE WOULD CONTINUE TO GO EVEN AFTER APPLYING BRAKES. RECEIVED A MANUFACTURER'S RECALL NOTICE ON THIS PROBLEM, WOULD LIKE TO KNOW MY RECOURSE AFTER THE FACT. CAN NHTSA PROVIDE ANY INFORMATION CONCERNING THIS MATTER. PLEASE FEEL FREE TO PROVIDE ANY FURTHER DETAILS. ^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.

 <p style="text-align: center;">DOT Auto Safety Hotline</p> <p>Vehicle Owner's Questionnaire (VOQ)</p> <p style="text-align: center;">NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4235 www.nhtsa.dot.gov/hotline</p>	<p style="text-align: right;">FOR AGENCY USE ONLY 241</p> <p>Date Received: 08-AUG-2008</p> <p style="text-align: center;">OFFICE OF DEFECTS INVESTIGATION</p> <p>cc or it dt od rt</p> <p>Reference No. 867248</p>
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OWNER INFORMATION (Type or Print)	
[Redacted]	625714
Work N	[Redacted]
Home N	[Redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
 in the absence of an [Redacted] provide your name and address to the vehicle manufacturer.
 Signature of Owner [Redacted] Date **9/30/00**

VEHICLE INFORMATION						
Vehicle Ident. No. (VIN) (Look at bottom of windshield on driver's side) 1GKCT18W2R0502822	Vehicle Make GMC	Vehicle Model JIMMY	Vehicle Year 1996	Current Odometer Reading UNK		
Purchase Date JUNE 99	Dealer's Name THOMPSON'S AUTO SALES		Engine Size (CID/CC) UNK	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Fuel Injection		
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	City BROKEN ARROW State OK Zip Code 74012	No. Cylinders 6				
Transmission Type <input type="checkbox"/> Manual <input checked="" 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 type="checkbox"/> 2-Point Belt <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 checked="" type="checkbox"/> Sport Util <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Minivan <input type="checkbox"/> Other	Body Style <input checked="" type="checkbox"/> 2-Door <input 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 03260000	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 checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failures 1	Date(s) of Failure(s) 5 48-SEP-1999	Failed Part(s) Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NHTSA Previously Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Mileage at Failure(s) 96000			
Vehicle Speed at Failure(s) 35 OR 40 MPH			

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 checked="" type="checkbox"/> Yes <input 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 11,085.09	Reported to Police <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

VEHICLE WAS INVOLVED IN A ACCIDENT DUE TO FAULTY BRAKE PROBLEM. INTERMITTENTLY VEHICLE WOULD CONTINUE TO GO EVEN AFTER APPLYING BRAKES. RECEIVED A MANUFACTURER'S RECALL NOTICE ON THIS PROBLEM, WOULD LIKE TO KNOW MY RECOURSE AFTER THE FACT. CAN NHTSA PROVIDE ANY INFORMATION CONCERNING THIS MATTER. PLEASE FEEL FREE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUE ON BACK IF NEEDED

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PONTIAC · GMC

Division of General Motors Corporation

G99041-S
July, 2000

Dear GMC Customer:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Reason For This Recall: General Motors has decided that a defect which relates to motor vehicle safety exists in certain 1991-1996 4-wheel drive (4WD) Jimmys and 1994-1996 4WD Sonoma pickup trucks. Some of these vehicles exhibit a condition in which a switch that signals the antilock brake system (ABS) module when the vehicle is in 4WD may malfunction. The ABS module is designed with two different operating algorithms: one for two-wheel drive (2WD) operation and another for 4WD drive operation. This allows the ABS system to compensate for the braking torque applied to the rear wheels through the drivetrain when the vehicle is in 4WD drive. When the vehicle is in 2WD, a malfunctioning switch may send an incorrect signal to the ABS module. If this occurs during an ABS stop, a somewhat longer stopping distance could result. If this occurred when minimum stopping distance was required, it could result in a vehicle crash.

What Will Be Done: Your GMC dealer will install a new transfer case selector switch, wiring harness, and an additional switch to ensure that the ABS receives the 4WD signal only when the drivetrain is in 4WD. This service will be performed for you at **no charge**.

How Long Will The Repair Take? The length of time required to perform this service correction is approximately 30 minutes. Additional time may be required to schedule and process your vehicle. If your dealer has a large number of vehicles awaiting service, this additional time may be significant. Please ask your dealer if you wish to know how much additional time will be needed to schedule, process and repair your vehicle.

Contacting Your Dealer: Please contact your GMC dealer as soon as possible to arrange a service date. Parts are available and instructions for making this correction have been sent to your dealer. Your GMC dealer is best equipped to obtain parts and provide services to correct your vehicle as promptly as possible. Should your dealer be unable to schedule a service date within a reasonable time, you should contact the GMC Customer Assistance Center at 1-800-462-8782. The deaf, hearing impaired, or speech impaired should call 1-800-462-8583 (utilizes Telecommunication Devices for the Deaf/Text Telephones, TDD/TTY).

If, after contacting the GMC Customer Assistance Center, you are still not satisfied that we have done our best to remedy this condition without charge and within a reasonable time, you may wish to write the Administrator, National Highway Traffic Safety Administration, 400 Seventh Street, SW, Washington, DC 20590 or call 1-800-424-9393 (Washington, DC residents use 202-366-0123).

100 Renaissance Center Detroit, MI 48243-7301



GM OWNER: Present this card to your GM dealer to help identify the correction required to your vehicle. PLEASE CHECK (X) THE APPROPRIATE BOX IF ANY OF THE CONDITIONS LISTED BELOW ARE APPLICABLE. SUPPLY THE INFORMATION REQUESTED AND RETURN IN THE ENVELOPE PROVIDED.

I have never owned this vehicle Vehicle damaged beyond repair Vehicle stolen and not recovered
 Campaign Completed on Date ___/___/___ by Self Other Vehicle Sold/Traded/Returned to:

00000116592
99041 1GKCT18W2R0502822 G-1

NEW OWNER/FIRM NAME

ADDRESS

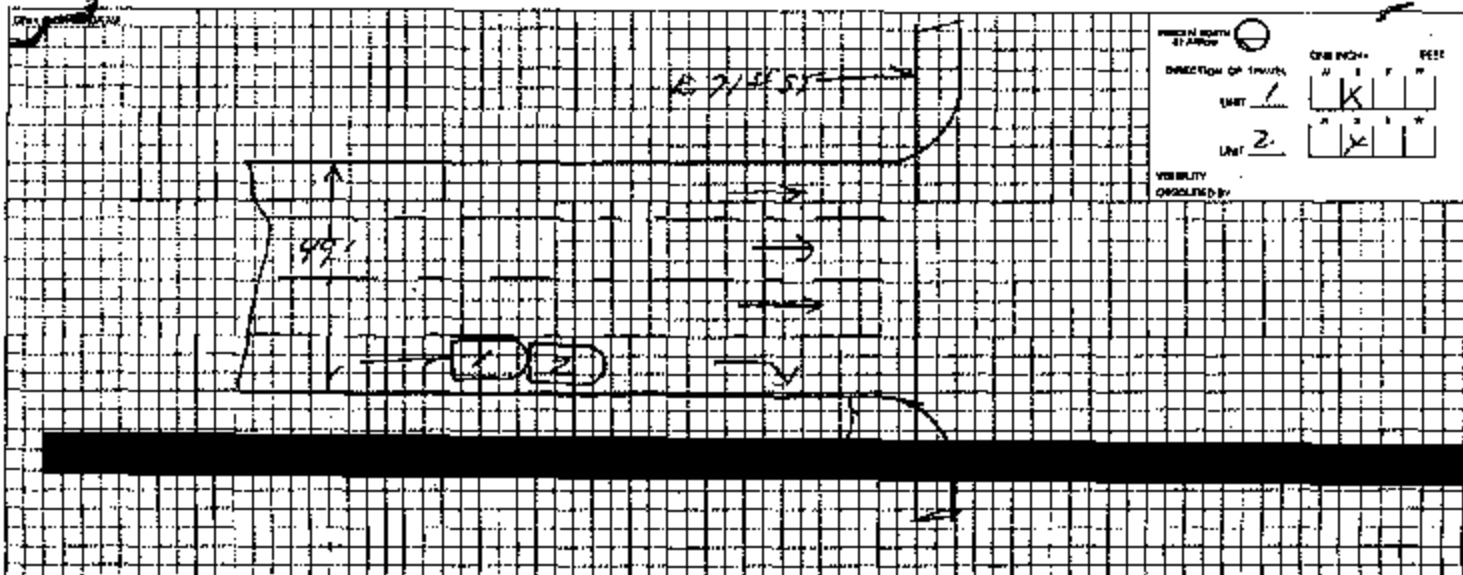
CITY

STATE

ZIP CODE

AREA CODE/PHONE NUMBER

OWNER SIGNATURE



REPORT MADE AT STATION
 DIRECTION OF TRAVEL
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 VISIBILITY OBSERVED BY:

P.O.I. $\frac{1}{4}$ mile N. of N. 1/4 of E. 71st St $\frac{1}{2}$ 10' E. of W. 1/4 of Hwy 169.
 DRIVER OF VEH. #2 STATED HE WAS SLOWING FOR CURVE WHEN STRUCK
 FROM BEHIND DRIVER OF VEH #1 STATED HE ATTEMPTED TO STOP BUT
 HYDRA-PLANTED.
 W-4 - JACYLIN DYON 5-14-91 - 5737 HAZEL RD RAYBANK MN-65

TELEPHONE INSTALLED: UNIT 1 UNIT 2 IN USE? INVESTIGATION MADE AT SCENE? YES NO
 HIT & RUN? YES NO PHOTOGRAPHS TAKEN? YES NO
 DRIVER'S LICENSE? YES NO

WHAT VEHICLES WERE DOING?
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 WHAT VEHICLES DO?
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 TRAFFIC CONTROL?
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2

TYPE OF ROAD:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 ROAD CHARACTER:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 OBJECT STRUCK BY VEHICLE OR LOAD BY IMPACT CONTACT:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2

WEATHER:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 LIGHT:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 SECURITY:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 ROAD SURFACE:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 ROAD CONDITION:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2

POINT OF FIRST CONTACT ON VEHICLE:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 VEHICLE CONDITION:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2
 PEDESTRIAN ACTION:
 UNIT 1 UNIT 2
 UNIT 1 UNIT 2

UNIT	1	2	3	4	5	6	7	8	9	10
X										

THIS REPORT IS BASED ON THE OFFICER'S INVESTIGATION OF THIS ACCIDENT. IT MAY CONTAIN THE OPINION OF THE OFFICER.

991013475



FARMERS

REVIEW ALL PAYMENTS
SELECTION MENU

FSH622B-02

SALN: 38 190779

ITEM	PAYEE	DOLLAR AMOUNT	CLCL	CHECK ACTION
1	FRUITTS BODY SHOP	\$100.95	20	PAID
2	RCH BANK & JAMES CRAIN	\$4,017.00	20	PAID
3	MARK ROBERTS COLLISION REPAIR CTR	\$1,928.26	51	PAID
4	JAMES DYER	\$499.18	37	PAID
5	JAMES DYER	\$4,539.70	51	PAID

SELECT AND KEY ITEM NUMBER TO DISPLAY PAYMENT HISTORY:

ASCY CLEAR - ABORT PF3 - END