

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

09-SEP-2000

 Od_or _____
 rt_dt _____
 od_rt _____
 up_ltr _____

Reference No.

870085

 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 driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKDT13W9T2510939	GMC	JIMMY	1996	

Purchase Date	Dealer's Name _____	Engine Size (CID/CCL) _____	<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	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other _____	<input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Other _____
						<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 02142000	Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL	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 Failures	Date(s) of Failure(s) 20-AUG-2000 Mileage at Failure(s) 76000 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

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)

EA 99 022/UPPER AND LOWER CONTROL ARM BALL JOINT: FRONT LEFT WHEEL COLLAPSED WHILE TRAVELING AT 10 MPH. TOWED VEHICLE TO DEALER, AND INFORMED CONSUMER THAT UPPER BALL JOINT BROKE OFF THE SOCKET. THIS VEHICLE WAS NOT COVERED UNDER A MANUFACTURER'S RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER DETAILS. *AK

CONTINUED ON BACK PLEASE

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>U.S. Department of Transportation National Highway Traffic Safety Administration</p>		<p>DOT Auto Safety Hotline Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline</p>		<p>FOR AGENCY USE ONLY 241</p>	
<p>OWNER IDENTIFICATION (Type or Brand)</p> <p>[REDACTED]</p>		<p>636091</p>		<p>Date Received 00 OCT -5 PM 09-SEP-2000 OFFICE DEFECTS INVESTIGATION</p>	
<p>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.</p> <p>Signature of Owner [REDACTED] <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 9/20/00</p>		<p>Reference No. 870085</p>		<p>Work Number Home No. [REDACTED]</p>	
VEHICLE INFORMATION					
<p>Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side) 1GKDT13W9T2510939</p>		<p>Vehicle Mak GMC</p>	<p>Vehicle Model JIMMY</p>	<p>Vehicle Year 1996</p>	<p>Current Odometer Reading 74000</p>
<p>Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used</p>		<p>Dealer's Name <u>Automotive Buying Services</u> City <u>Bellevue</u> State <u>WA</u> Zip Code <u>98004</u></p>		<p>Engine Size (CID/CC/L) _____ No. Cylinders _____ <input type="checkbox"/> Turbo Diesel Gas Fuel Injection</p>	
<p>Transmission Type <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic</p>	<p>Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>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</p>		<p>Cruise Control <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Drive Train <input type="checkbox"/> Front Rear 4-Wheel <input checked="" type="checkbox"/></p>
<p>Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other</p>		<p>Body Style <input type="checkbox"/> Sport Ult Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door Stationwagon <input type="checkbox"/> Pick Up <input checked="" type="checkbox"/> Truck</p>			
FAILED COMPONENT(S)/PART(S) INFORMATION					
<p>Component 02142000</p>	<p>Part Name(s) SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL</p>			<p>Location <input checked="" type="checkbox"/> Left Front <input type="checkbox"/> Right Rear</p>	<p>Failed Part(s) <input checked="" type="checkbox"/> Original Replacement</p>
<p>No. of Failures</p>	<p>Date(s) of Failure(s) <u>20-AUG-2000</u> Mileage at Failure(s) <u>76000</u> Vehicle Speed at Failure(s) <u>10 Mi Per hr</u></p>		<p>Failed Part(s) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
APPLICATION INCIDENT INFORMATION (Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form.)					
<p>Crash <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Number of Persons Injured 0</p>	<p>Number of Fatalities 0</p>	<p>Estimated Property Damage</p>	<p>Reported to Police <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)					
<p>EA 99 022/UPPER AND LOWER CONTROL ARM BALL JOINT: FRONT LEFT WHEEL COLLAPSED WHILE TRAVELING AT 10 MPH. TOWED VEHICLE TO DEALER, AND INFORMED CONSUMER THAT UPPER BALL JOINT BROKE OFF THE SOCKET. THIS VEHICLE WAS NOT COVERED UNDER A MANUFACTURER'S RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER DETAILS. *AK</p>					
CONTINUE ON BACK IF NEEDED					
<p>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 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>					



WARREN WESTLUND BUICK-GMC TRUCK, INC.

ESTIMATE OF REPAIR COSTS

REBUILD DEPARTMENT
12800 Aurora Ave. North • 361-2180 • 361-2150
SEATTLE WASHINGTON 98133

NO. _____

NOT RESPONSIBLE FOR ANY DELAYS IN PARTS OR

CAUSED BY UNAVAILABILITY OF PARTS BY THE SUPPLIER OR TRANSPORTER.

SHEET No. _____ OF _____ SHEETS

DATE 8-31

YEAR 94	MAKE GMC	MODEL Jimmy	LICENSE #	SPEEDOMETER	MTR. No.
INSURANCE CARRIER		TYPE OF INSURANCE	ADJUG.	PHONE	CAR LOCATED AT


PARTS NECESSARY AND ESTIMATE OF LABOR REQUIRED	PAINT COST ESTIMATE	PARTS COST ESTIMATE	LABOR COST ESTIMATE
Left front upper ball joint assy		95.25	136.80
L/ front wheel		428.00	
alignment			100.00
MISC.		275	
TOTALS		526.00	236.80

INSURED PAYS \$ _____ INS. CO. PAYS \$ _____ R.O. NO. _____

INS. CHECK PAYABLE TO _____
 The above is an estimate based on our inspection, and does not cover additional parts or labor which may be required after the work has been opened up. Occasionally, after work has started, worn, broken or damaged parts are discovered. Damaged parts are disassembled on first inspection. Quotations on parts and labor are current and subject to change.

ESTIMATE MADE BY _____
 Authorization For Repairs: You are hereby authorized to make the above specified repairs to the car described herein.

GRAND TOTAL	526.00	236.80
WRECKER SERVICE		762.80
TAX		5.1
TOTAL OF ESTIMATE		288.4

DOT Auto Safety Hotline		FOR AGENCY USE ONLY 241	
 U.S. Department of Transportation National Highway Traffic Safety Administration		Vehicle Owner's Questionnaire (VOQ) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline	
OWNER INFORMATION (Type or Print) [Redacted]		Date Received 09 OCT 20 AM 8:11 09-SEP-2000 8:11 OFFICE DEFECTS INVESTIGATION	Od_or re_dt od_rt up_itr Reference No. 870085
Signature of Owner [Redacted]		Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? In the absence of an [Redacted] your name and address to the vehicle manufacturer. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Date 9/20/00	
VEHICLE INFORMATION			
Vehicle Ident. No. (VIN) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year
1GKDT13W9T2510939	GMC	JIMMY	1996
Current Odometer Reading	74,000		
Purchase Date	Dealer's Name	Engine Size (CID/CC/L)	<input type="checkbox"/> Turbo
<input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Automotive Buying Services		<input type="checkbox"/> Diesel
	City Bellevue State WA Zip Code 98004	No. Cylinders	<input type="checkbox"/> Gas
			<input type="checkbox"/> Fuel Injecto
Transmission Type	Antilock Brakes	Restraint System	Cruise Control
<input type="checkbox"/> Manua <input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> 3-Point Belt <input checked="" type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Drive Tral
			<input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input checked="" type="checkbox"/> 4-Wheel
			Vehicle Type
			<input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other
			<input checked="" type="checkbox"/> Sport Ult <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Truck
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component	Part Name(s)	Location	Failed Part(s)
02142000	SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL	<input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacemen
No of Failures	Date(s) of Failure(s)	Failed Part(s)	NHTSA Previously
	20-AUG-2000		
	Mileage at Failure(s)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	78000		
	Vehicle Speed at Failure(s)		
	10 MI PER HR		
APPLICATION INCIDENT INFORMATION			
(Please describe in detail the incident(s), Failure(s), Crashes(es), and injury(ies) on the back of this form)			
Crash	Fire	Number of Persons Injured	Number of Fatalitie
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Estimated Property Damag	Reported to Polic		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
EA 99 022/UPPER AND LOWER CONTROL ARM BALL JOINT: FRONT LEFT WHEEL COLLAPSED WHILE TRAVELING AT 10 MPH. TOWED VEHICLE TO DEALER, AND INFORMED CONSUMER THAT UPPER BALL JOINT BROKE OFF THE SOCKET. THIS VEHICLE WAS NOT COVERED UNDER A MANUFACTURER'S RECALL DUE TO VIN. PLEASE PROVIDE ANY FURTHER DETAILS. *AK			
CONTINUE ON BACK IF NEEDED			
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 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.			



WARREN WESTLUND BUICK-GMC TRUCK, INC.

REBUILD DEPARTMENT
12800 Aurora Ave. North • 961-2180 • 961-2150
SEATTLE WASHINGTON 98133

ESTIMATE OF REPAIR COSTS

No. _____

NOT RESPONSIBLE FOR ANY DAMAGE CAUSED BY UNAVAILABILITY OF PARTS

SHEET No. _____ OF _____ SHEETS

DATE
8-31

YEAR	MAKE	MODEL	SER. No.
94	GMC	Jimmy	
INSURANCE CARRIER	TYPE OF INSURANCE	ADJUX.	PHONE
			CAR LOCATED AT

PARTS NECESSARY AND ESTIMATE OF LABOR REQUIRED	PAINT COST ESTIMATE	PARTS COST ESTIMATE	LABOR COST ESTIMATE
Left front upper ball joint Assy		95.25	136.80
Left front wheel		428.00	
Alignment			100.00
MISC.		2.75	
TOTALS		526.00	236.80

INSURED PAYS \$ _____ INS. CO. PAYS \$ _____ R.O. NO. _____

ESTIMATE MADE BY: [Signature]

Authorization For Repairs: You are hereby authorized to make the above specified repairs to the car.

GRAND TOTAL	762.80
WRECKER SERVICE	
TAX	65.60
TOTAL OF	828.40

CONSUMER COMPLAINT FORM - AUTO REPAIR
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION

AG Form #209 04-99

STATEWIDE TOLL FREE 800-551-4636
HEARING IMPAIRED - TDD 800-276-9883 or local 206-464-7293

Bellingham: Island, San Juan, Skagit and Whatcom counties 103 E. HOLLY SUITE 308 BELLINGHAM, WA 98225 (360) 738-6185 FAX (360) 738-6190	Seattle: King, Snohomish, Clallam and Jefferson counties and Bainbridge Island 900 FOURTH AVENUE SUITE 2000 SEATTLE WA 98164-1012 (206) 464-6684 FAX (206) 464-6451	Olympia: Thurston County 905 PLUM ST SE # 3 PO BOX 40118 OLYMPIA, WA 98504-0118 (360) 753-6210 FAX (360) 664-2585
Tacoma: Pierce, Mason, Grays Harbor and Kitsap 1019 PACIFIC AVENUE SOUTH 3 RD FL. TACOMA WA 98402-4411 (253) 593-2904 FAX (253) 593-2449	Spokane: Central-Northeastern Washington 1116 W RIVERSIDE SPOKANE WA 99201-1194 (509) 456-3123 FAX (509) 458-3548	Kennewick: Southeastern Washington 500 N MORAIN ST SUITE 1250 KENNEWICK WA 99336-2607 (509) 734-7140 FAX (509) 734-7290
Please type or print. This form should be returned to the address nearest to you. After your complaint is received, you will be contacted by mail regarding assignment of your complaint.		Please include copies of related documents. SEND COPIES ONLY - DO NOT INCLUDE ORIGINAL DOCUMENTS!

CONSUMER INFORMATION

Name: _____
 Address: _____
 City: _____
 Phone: _____

This office will handle a complaint only if a copy of your complaint can be sent to the business. If you do not want your complaint sent to the business, please explain: _____

BUSINESS INFORMATION

Name of Business Involved: General Motors - GMC (Jimmy) Div.
 Please Print or Type
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: (313) 556-5000 Name of Owner or Manager (if known): Contact Joe Ogilavrey

ABOUT YOUR COMPLAINT

Make, model and year of vehicle: Jimmy SUV 96 Mileage at time of repair: 74,070
 Date of repair: 8/31/00 Did you meet with the mechanic/service writer when the vehicle was taken for repair? Removal in Pk
 Were you given a written estimate? _____ If NO, had you asked for a written estimate? _____ Amount of estimate, if received: 828
 Final price of the repair: 280 Did you receive an itemized bill? yes Did you pay the repair bill in full? yes
 If the bill is not paid, how much of the bill have you paid? _____ Is the business holding the vehicle for payment? NO
 Were unauthorized repairs performed? NO If YES, please identify unauthorized repairs in the detailed explanation of your complaint.
 Did you ask for the old parts prior to the repair? yes Were the old parts returned to you? yes
 Have you complained to the business? _____ If YES, to whom: General Motors
 What response did you receive? see back of page RECEIVED
 ATTORNEY GENERAL'S OFFICE

If you have not contacted the business, explain why not: _____ OCT 05 2000

Have you filed a complaint about this business with the Attorney General's Office before? NO
 If YES, list the file number assigned to that complaint: _____
 Have you contacted a private attorney? _____ If YES, identify the name and address of the attorney: BELLINGHAM

Is there a court or other legal proceeding pending? NO If YES, please identify in the detailed explanation of your complaint.

CONSUMER PROTECTION DIVISION - CRC
 BELLINGHAM

EXPLAIN YOUR COMPLAINT IN DETAIL (use additional pages if necessary):

I was driving CAR at 10 miles per hr when front left wheel collapsed. ~~Repair~~ Took car to dealer for repair & was told that upper ball joint broke off the socket. This is a catastrophic failure. Ten minutes before I was doing 60 MPH on Freeway & probably would have been killed.

I have a GM Request # C-01313646

I was told by GM that they have NO interest in the problem unless they are ordered by DOT to do so.

I went on the internet & found on DOT website another 96 Jimmy ball joint problem P.E. 99-021

Westland GMC Fixed ball joint. Spoke time replaced wheel & tire @ cost of \$258

What do you think the business should do to resolve your complaint? I could have been killed. General Motors has a problem & shows no interest in dealing with it. ~~What~~ is their rule of thumb regarding how many need to be killed or injured before they show interest? This is not a warranty problem. This is a catastrophic failure & needs to be addressed by GM.

SIGNATURE

In filing this complaint with the Attorney General's Office you are stating that the information you are providing is true to the best of your knowledge and that the information can be used by the Attorney General's Office in the office's educational and enforcement activities. Please note: your complaint and the related documents will become a public record and under state law can be subject to a public records disclosure request.

Signature

Date



Christine O. Gregoire

ATTORNEY GENERAL OF WASHINGTON

308 Bellingham National Bank Building • 103 E Holly Street • Bellingham WA 98225

(360) 738-6185 • 1-800-551-4636

October 9, 2000



Re: GMC CHEVROLET MOTOR DIVISION


File #BEL-130112

Dear 

Our office has received your correspondence. The agency shown below appears to be the appropriate agency of government to review this, so we are forwarding it to them. Any further correspondence should be directed to that agency at the address shown below.

We are sorry that we cannot be of direct assistance to you, but thank you for contacting this office.

Ruth Holbrook
Customer Service Specialist
Consumer Protection Division
(360) 738-6185

cc: 
National Highway Traffic Safety Administration
400 7th ST SW
Washington, DC 20590

In Washington Call Toll Free
1-800-551-4636
For Hearing Impaired - TDD - 1 - 800 - 276 - 9883

