

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 436

Date Received

08-NOV-2000

 Od_or _____
 Rt_dt _____
 Od_rt _____
 Up_ltr _____

Reference No.

874653

 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) (Listed at front of windshield or driver's door)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKDT13W7W2573042	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 ☐ Manual ☐ Automatic	Antilock Brakes ☐ Yes ☒ No	Restraint System ☐ 3-Point Belt ☐ Motorbell ☐ Driverside Airbag ☐ 2-Point Belt ☐ Passengerside Airbag	Cruise Control ☐ Yes ☒ No	Drive Train ☐ Front ☐ Rear ☐ 4-Wheel	Vehicle Type ☐ Car ☐ Sport Ult ☐ Van ☐ Truck ☐ Minivan ☐ Motorcycle ☐ Other _____	Body Style ☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other _____
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12111000	Part Name(s) INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT	Location ☐ Left ☐ Right ☐ Front ☐ Rear	Failed Part(s) ☐ Original ☐ Replacement
No. of Failures	Date(s) of Failure(s) 08-NOV-2000 Mileage at Failure(s) _____ Vehicle Speed at Failure(s) _____	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	Number of Fatalities	Estimated Property Damage	Reported to Police ☐ Yes ☒ No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

CONSUMER WAS TRAVELING 45MPH IN RAINING CONDITIONS, ANOTHER VEHICLE RAN A STOP SIGN, AND CONSUMER'S VEHICLE WAS HIT HEAD-ON TO FRONT DRIVER'S SIDE. AIR BAGS NEVER DEPLOYED. OWNER'S MANUAL STATED THAT AIR BAGS SHOULD HAVE DEPLOYED AT SPEED OF 18MPH. *AK

CONTINUED ON BACK

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) NATIONWIDE 1-888-DASH-2-DOT 1-888-327-4236 www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 436 Date Rec'd: <u>08 NOV 2000</u> Office: <u>DEFECTS INVESTIGATION</u> Reference No.: <u>874853</u> Work Number: _____ Home: _____	
U.S. Department of Transportation National Highway Traffic Safety Administration			
OWNER INFORMATION (Type or Print) 654489			
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) (Located at bottom of windshield on driver's side) <u>1GKDT13W7W2573042</u>		Vehicle Make <u>GMC</u>	Vehicle Model <u>JIMMY</u>
		Vehicle Year <u>1998</u>	Current Odometer Reading _____
Purchase Date <u>March 6, 1999</u> ☐ New ☒ Used	Dealer's Name <u>BROGDEN (Robert)</u> City <u>Olathe</u> State <u>KNS</u> Zip Code <u>66061</u>		Engine Size (CID/CC/L) <u>3.5</u> No Cylinders <u>6</u> ☐ Turbo ☐ Diesel ☒ Gas ☒ Fuel Injection
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 ☐ Truck ☐ Motorcycle ☐ Van ☐ Minivan ☐ Other
		Body Style ☒ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Component <u>12111000</u>	Part Name(s) <u>INTERIOR SYSTEMS: PASSENGER RESTRAINTS: AIR BAG: FRONT</u> <u>PASSENGER and DRIVER AIRBAGS</u>		Location ☒ Left ☒ Right ☐ Original ☐ Replacement ☒ Front ☐ Rear
No of Failures <u>1</u>	Date(s) of Failure(s) <u>06-NOV-2000</u> Mileage at Failure(s) _____ Vehicle Speed at Failure(s) <u>45 mph</u>		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 <u>Two</u>	Number of Fatalities <u>0</u>
		Estimated Property Damage _____	Reported to Police ☐ Yes ☒ No
NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)			
CONSUMER WAS TRAVELING 45MPH IN RAINING CONDITIONS, ANOTHER VEHICLE RAN A STOP SIGN, AND CONSUMER'S VEHICLE WAS HIT HEAD-ON TO FRONT DRIVER'S SIDE. AIR BAGS NEVER DEPLOYED. OWNER'S MANUAL STATED THAT AIR BAGS SHOULD HAVE DEPLOYED AT SPEED OF 18MPH. *AK			
CONTINUE ON BACK IF NEEDED			
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