



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 294

Data Received

08-DEC-2000

Od_or _____
rt_dt _____
od_rt _____
up_ltr _____

Reference No.

876210

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 GMC	Vehicle Model JIMMY	Vehicle Year 1996	Current Odometer Reading
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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 checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbell <input 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"/> Sport Ult <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	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 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
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No. of Failures	Date(s) of Failure(s) _____ Mileage at Failure(s) <u>130</u> 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)

CONTROL ARM UPPER BALL JOINT BROKE WHILE DRIVING AT HIGHWAY SPEEDS, CAUSING TIRE TO BLOW/OUT, AND WHEEL TO BREAK IN HALF, RESULTING IN VEHICLE LOSING CONTROL. VEHICLE IS AT DEALERSHIP FOR REPAIRS. *AK

CONTROL ARM UPPER BALL JOINT

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.



U.S. Department of Transportation
National 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 284

Date Received: **08-DEC-2000**

Office: **OFFICE OF SAFETY INVESTIGATION**

Reference No.: **876210**

Work Number: _____
Home Number: _____

OWNER INFORMATION (Type or Print)

Vehicle Identification Number (VIN): **1GKDT13W1T2547029**

Vehicle Make: **GMC**

Vehicle Model: **JIMMY**

Vehicle Year: **1996**

Current Odometer Reading: **132,411.4**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO

In the absence of a signature, provide your name and address to the vehicle manufacturer.

Signature of Owner: _____ Date: **12/19/00**

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): **1GKDT13W1T2547029** (Located at bottom of windshield on driver's side)

Vehicle Make: **GMC** Vehicle Model: **JIMMY** Vehicle Year: **1996** Current Odometer Reading: **132,411.4**

Purchase Date: **Aug. 13, 1996** Dealer's Name: **Koons of Manassas** Engine Size (CID/CC/L): **4.3L**

New Used City: **Manassas** State: **VA** Zip Code: **20109** No. Cylinders: **6**

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 Utl Van Truck Minivan Motorcycle Other

Body Style 2-Door 4-Door Stationwagon Pick Up Truck Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component: **02142000** Part Name(s): **SUSPENSION:INDEPENDENT FRONT CONTROL ARM UPPER:BALL** Location: Left Right Front Rear Failed Part(s): Original Replacement

No. of Failures: **ONE** Date(s) of Failure(s): **17-NOV-2000** Mileage at Failure(s): **130** Vehicle Speed at Failure(s): **55 MPH** 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: **NONE** Number of Fatalities: **NONE** Estimated Property Damage: **2307.33 + TOW & RENTAL** Reported to Police: Yes No

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

CONTROL ARM UPPER BALL JOINT BROKE WHILE DRIVING AT HIGHWAY SPEEDS, CAUSING TIRE TO BLOWOUT, AND WHEEL TO BREAK IN HALF, RESULTING IN VEHICLE LOSING CONTROL. VEHICLE IS AT DEALERSHIP FOR REPAIRS. *AK

CONTINUE ON BACK IF NEEDED

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