



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 758

Date Received

27-APR-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

886954

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>(Location at bottom of and/or above driver's side)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GKEK13R3PJ735154	GMC	YUKON	1996			
Purchase Date <input type="checkbox"/> New <input checked="" type="checkbox"/> Used	Dealer's Name City _____ State _____ Zip Code _____	Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/> Fuel Injectio			
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 type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Util <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 Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12130000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:BELTS	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 Failure	Date(s) of Failure(s) 08-APR-2001 61000 Mileage at Failure(s)	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <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 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	Estimated Property Damag	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)

DURING FRONT CRASH AT 30-35 MPH BOTH DRIVER'S AND PASSENGER'S SEATBELTS DID NOT LOCK UPON IMPACT.*AK

CONTINUED ON 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.

FOR AGENCY USE ONLY 758

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

U.S. Department of Transportation
 National Highway Traffic Safety Administration
 www.nhtsa.dot.gov/hotline
 1-888-327-4236
 NATIONWIDE 1-888-DASH-2-DOT

OWNER INFORMATION (Type or Print)

Home Number: [Redacted]
 Work Number: [Redacted]
 Reference No.: 886954

Date Received: 27-APR-2001

OD or r dt: _____
 od yr: _____
 up hr: _____

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: [Redacted] Date: 5/17/2001

VEHICLE INFORMATION

Vehicle Ident. No. (VIN): 1GKEK13R3PJ738154 (located at bottom of windshield or driver's side)

Vehicle Make: GMC
 Vehicle Model: YUKON
 Vehicle Year: 1996
 Current Odometer Reading: 61882

Purchase Date: 9-1-2000
 Dealer's Name: JENKINS CHRYSLER
 City: KEYSER State: MD Zip Code: 21726

Engine Size (CID/CYL): 350
 No. Cylinders: 8
 Turbo: Fuel Injection: Gas: Diesel:

FAILED COMPONENT(S) INFORMATION

Transmission Type: Automatic Manual

Antilock Brakes: Yes No

Restraint System: 3-Point Belt 2-Point Belt Passenger Side Airbag

CrUIse Control: Yes No

Drive Train: Front Rear 4-Wheel

Vehicle Type: Car Van Minivan Other

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

FAILED COMPONENT(S) INFORMATION

Component: 12130000

Part Name(s): INTERIOR SYSTEMS; PASSIVE RESTRAINT; BELTS

Location: Front Rear Right Left

Failed Part(s): Original Replacement

No. of Failures: _____

Dates of Failure(s): 08-APR-2001

Mileage at Failure(s): 61000

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

Number of Persons Injured: 3 (at Hospital)

Number of Fatalities: 0

Estimated Property Damage: \$11,000

Reported to Police: Yes No

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

DURING FRONT CRASH AT 30-35 MPH BOTH DRIVER'S AND PASSENGER'S SEATBELTS DID NOT LOCK UPON IMPACT. AK

See other form 2127-0008 with addm. information on it.

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CONTINUE ON BACK IF NEEDED