



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** §20

Date Received

04-JUN-2001

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

Reference No.

889717

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 windshield)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading		
1GKEK13TX1J205000	GMC	YUKON	2001			
Purchase Date <input checked="" type="checkbox"/> New <input 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 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"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <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 type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <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 type="checkbox"/> Other _____

### FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12240000	Part Name(s) INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS	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) C1-FEB-2001 7500 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured 0	Number of Fatalities 0	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)

**FRONT PASSENGER'S LAP AND SHOULDER BELTS WERE DESIGNED TO HOLD A CHILD SAFETY SEAT, AND WOULD CONTINUALLY LOCK AND PULL TIGHTER ON PASSENGER. THIS TIGHTENING OF PASSENGER RESTRAINTS COULD RESULT IN RESTRICTED BREATHING, AND SEVERE DISCOMFORT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS.\*AK**

COPIED FROM NHTSA FORM 101

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**  
 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

**DEFECTS INVESTIGATION**  
 Date Received: 01 JUN 27 PM 12:30  
 Office: 04-JUN-2001  
 Reference No.: 689717

**OWNER INFORMATION (Type or Print)**  
 695664  
 WA 98038  
 MAPLE VALLEY

**FOR AGENCY USE ONLY 920**

**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) (Label on bottom of windshield on driver's side): 1GKEK13TX1J205000  
 Vehicle Make: GMC  
 Vehicle Model: YUKON  
 Vehicle Year: 2001  
 Current Odometer Reading: 9682

Purchase Date: Feb 01  
 Dealer's Name: Dave Smith Motors  
 City: Kellogg State: ID Zip code: \_\_\_\_\_  
 Engine Size (CID/CYL): 5.3L No. Cylinders: 8  
 Turbo  Diesel  Gas  Fuel Injection

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Transmission Type:  Automatic  Manual  
 Antilock Brakes:  Restraint System  
 Cruise Control:  Yes  No  
 Drive Train:  Front  Rear  4-Wheel  
 Vehicle Type:  Car  Minivan  Other  
 Sport Utility  Truck  Motorcycle  
 Body Style:  2-Door  4-Door  Stationwagon  Pick Up Truck  Other

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Component: 12240000  
 Part Name(s): INTERIOR SYSTEMS:ACTIVE RESTRAINTS:BELT RETRACTORS  
 Location:  Front  Left  Right  Rear  
 Failed Part(s):  Original  Replacement  
 No. of Failures: \_\_\_\_\_  
 Date(s) of Failure(s): 07-FEB-2001  
 Mileage at Failure(s): 7500  
 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   
 Fatalities: 0  
 Number of Persons Injured: 0  
 Estimated Property Damage: N/A  
 Reported to Police: Yes  No

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

FRONT PASSENGER'S LAP AND SHOULDER BELTS WERE DESIGNED TO HOLD A CHILD SAFETY SEAT, AND WOULD CONTINUALLY LOCK AND PULL TIGHTER ON PASSENGER. THIS TIGHTENING OF PASSENGER RESTRAINTS COULD RESULT IN RESTRICTED BREATHING, AND SEVERE DISCOMFORT. PLEASE PROVIDE ANY ADDITIONAL INFORMATION/ATTACHMENTS. AK  
 Dealer service shop states passenger belt is operating as designed and will not convert it into a simple inertial belt.

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CONTINUE ON BACK IF NEEDED