Form Approved: OMB No. 2127-0042

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 241

Date Received: 04-OCT-2001

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
np_ltr ____ ____

Reference No.: 897324

[redacted]

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.) (Location of VIN on vehicle)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Readin
1GKDT13W9Y2294193	GMC	JIMMY	2000	

Purchase Dat: ☐ New ☒ Used

Dealer's Name_____

City_____ State_____ Zip Code_____

Engine Size (CID/CC/L _____
No Cylinders _____

☐ Turbo
☐ Diesel
☐ Gas
☐ Fuel Injectio

Transmission Type	Antilock Brakes	Restraint System	Cruise Contro	Drive Trai	Vehicle Type	Body Style
☐ Manual ☐ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Bel	☐ Yes ☒ No	☐ Front ☐ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other_____ ☐ Sport Ult ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other_____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s	Location	Failed Part(s
07330000	POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failure	Date(s) of Failure(s)	Mileage at Failure(s)	Failed Part(s)	NHTSA Previously
	15-MAR-2001 4000		☐ Yes ☐ No	☐ 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	Fire	Number of Persons Injured	Number of Fatalitie	Estimated Property Damag	Reported to Polic
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

THERE WERE NO LIGHTS IN GEAR SHIFT BOX LOCATED ON FLOOR. CONSUMER WAS UNABLE TO SEE THE GEAR SHIFT INDICATOR WHILE DRIVING AT NIGHT. DEALER/ MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS DESIGNED THAT WAY. ANY ADDED PARTS WOULD BE AT CONSUMER'S COST. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION .*AK

CONTINUED ON REVERSE

Form Approved. O.M.B. No. 2127-0006

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 241

Date Received: 04-OCT-2001

Od_or
rt_dt
od_rt
up_ltr

Reference No. 897324

War Number

Num [redacted]

OWNER INFORMATION (Type or Print)

[redacted]

Do you authorize NHTSA to provide a copy of your complaint to the vehicle manufacturer in the absence of access to the vehicle? ☒ YES ☐ NO

Signature [redacted] Date 9/27/01

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) (Location: bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
1GKDT13W9Y2294193	GMC	JIMMY	2000	

Purchase Date: 8-29-01 ☒ New ☐ Used

Dealer's Name: CARLSON BUICK GMC
City: [illegible] State: [illegible] Zip Code: [illegible]

Engine Size (CID/CCL): ___
No. Cylinders: 6

☐ Turbo ☐ Diesel ☒ Gas ☐ Fuel Injected

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☒ 3-Point Belt ☒ Driverside Airbag ☐ Motorbelt ☐ 2-Point Belt ☒ Passengerside Airbag	☒ Yes ☐ No	☒ Front ☒ Rear ☐ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ___ ☒ Sport Utility ☐ Truck ☐ Motorcycle	☐ 2-Door ☒ 4-Door ☐ Station Wagon ☐ Pick Up ☒ Truck

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
07330000	POWER TRAIN:TRANSMISSION:AUTOMATIC:LEVER AND LINKAG	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No. of Failures:

Date(s) of Failure(s): 15-MAR-2001
Mileage at Failure(s): 4809
Vehicle Speed at Failure(s):

Failed Part(s): ☐ Yes ☐ No

NHTSA Previously: ☐ 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	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No				☐ Yes ☒ No

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

THERE WERE NO LIGHTS IN GEAR SHIFT BOX LOCATED ON FLOOR. CONSUMER WAS UNABLE TO SEE THE GEAR SHIFT INDICATOR WHILE DRIVING AT NIGHT. DEALER/ MANUFACTURER NOTIFIED, AND INFORMED CONSUMER THAT VEHICLE WAS DESIGNED THAT WAY. ANY ADDED PARTS WOULD BE AT CONSUMER'S COST. FEEL FREE TO PROVIDE ANY FURTHER INFORMATION
*AK

CONTINUE ON BACK IF NEEDED