



U.S. Department of Transportation
National Highway Traffic Safety Administration

Auto Safety Hotline

Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-8393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>

Use a No. 2 pencil or a blue or black ink pen only.
CORRECT MARK: ●

FOR AGENCY USE ONLY

| | |
|--------------------------------|---|
| Date Received 9/6/01 | Owner _____ Street _____ City _____ State _____ Zip _____ |
| Reference No. | |

OWNER INFORMATION (Type or Print)

DAYTIME TELEPHONE NUMBER

VEHICLE INFORMATION

| | | | | | | |
|---|---|---|---|--|--|--|
| VEHICLE IDENT. NO. (VIN) (Located at bottom of windshield on driver's side) 1GKDT13W0T2529919 | VEHICLE MAKE GMC | VEHICLE MODEL JIMMY | MANUFACTURE DATE 01 JAN 96 | MODEL YEAR 1996 | | |
| VEHICLE MANUFACTURER <input type="checkbox"/> BMW <input type="checkbox"/> Ford <input type="checkbox"/> Honda <input type="checkbox"/> Nissan <input type="checkbox"/> Subaru <input type="checkbox"/> Volvo <input type="checkbox"/> Other _____ <input type="checkbox"/> DaimlerChrysler <input checked="" type="checkbox"/> General Motors <input type="checkbox"/> Hyundai <input type="checkbox"/> Saab <input type="checkbox"/> Toyota <input type="checkbox"/> VW | | | | | | |
| PURCHASE DATE 8/20/1998 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Used | DEALER'S NAME FOX VALLEY TRUCK | CITY APPLETON | STATE WI | ZIP CODE 54914 | |
| ENGINE SIZE CID/CC/L 4.3 | FUEL SYSTEM <input type="checkbox"/> Turbo <input checked="" type="checkbox"/> Fuel Injection | FUEL TYPE <input type="checkbox"/> Diesel <input checked="" type="checkbox"/> Gas | TRANSMISSION TYPE <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | ANTILOCK BRAKES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | RETRAIANT SYSTEM <input checked="" type="checkbox"/> Drivers Side Airbag <input type="checkbox"/> 2-Point Belt <input type="checkbox"/> Passengerside Airbag <input type="checkbox"/> Motorbel: <input type="checkbox"/> 3-Point Belt | CRUISE CONTROL <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| DRIVETRAIN <input type="checkbox"/> Front <input type="checkbox"/> Rear | <input checked="" type="checkbox"/> 4-Wheel | VEHICLE TYPE <input type="checkbox"/> Car <input type="checkbox"/> Minivan <input type="checkbox"/> Truck <input type="checkbox"/> Other _____ <input type="checkbox"/> Van <input checked="" type="checkbox"/> Sport Utility <input type="checkbox"/> Motorcycle | DOORS <input type="checkbox"/> 2-Door <input checked="" type="checkbox"/> 4-Door | BODY STYLE <input type="checkbox"/> Hatchback <input type="checkbox"/> Sedan <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Station wagon | SUV | |

FAILED COMPONENT(S)/PART(S) INFORMATION

| | | | |
|---|--|--|--------------------|
| COMPONENT <input type="checkbox"/> Child Seat <input type="checkbox"/> Electrical Lights & Alarms <input type="checkbox"/> Engine & Cooling System <input type="checkbox"/> Equipment <input type="checkbox"/> Fuel System, Exhaust <input type="checkbox"/> Heater, Defrost, Ventilation <input type="checkbox"/> Interior <input type="checkbox"/> Parking Brake <input type="checkbox"/> Power Train <input type="checkbox"/> Service Brakes <input type="checkbox"/> Steering <input type="checkbox"/> Structure <input checked="" type="checkbox"/> Suspension <input type="checkbox"/> Visual Systems <input type="checkbox"/> Other _____ | NO. OF FAILURES 4 | To report defective or failed tires provide the following: Tire Brand, Tire Name, Tire Size (include all number and letters). | |
| | INCIDENT DATE 7/25/01 | TIRE NAME | COMPLETE TIRE SIZE |
| | MILEAGE AT INCIDENT 90,000 | TIRE BRAND <input type="checkbox"/> BF Goodrich <input type="checkbox"/> Cooper <input type="checkbox"/> Firestone <input type="checkbox"/> Goodyear <input type="checkbox"/> Kelly Springfield <input type="checkbox"/> Michelin <input type="checkbox"/> Yokohama <input type="checkbox"/> Other _____ | |
| | VEHICLE SPEED AT INCIDENT | FAILED PART(S) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Replacement | |
| HANDICAPPED ADAPTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | FAILED PART(S) AVAILABLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NHTSA PREVIOUSLY CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

APPLICABLE 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 | NUMBER OF PERSONS INJURED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | CAUSE OF INCIDENT <input type="checkbox"/> Wear/Corroded/Rust <input checked="" type="checkbox"/> Weak/Poor Fit/Loose <input type="checkbox"/> Cut/Turn <input type="checkbox"/> Disconnect/Fell Off <input type="checkbox"/> Erratic/Poor Performance <input type="checkbox"/> Excessive Effort <input checked="" type="checkbox"/> Nuisy <input type="checkbox"/> Leaks <input type="checkbox"/> Short <input type="checkbox"/> Locks/Sticks/Graas <input type="checkbox"/> Stability/Vibration <input type="checkbox"/> Broken | RESULT OF INCIDENT <input type="checkbox"/> Explosion/Fire <input type="checkbox"/> Loss of Control <input type="checkbox"/> Poor Visibility <input type="checkbox"/> Inadvertent Start <input type="checkbox"/> rollover <input type="checkbox"/> Stalls <input type="checkbox"/> Sudden Acceleration |
| | FIRE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | NUMBER OF FATALITIES <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 | | |

PLEASE DO NOT WRITE IN THIS AREA



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